Apr-09-2007 10:33am From-ISLAND ESTATES +6314205077 4/

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May 07, 2007 8:00 am
Secretary of State

04-18-2007 90034 020 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005164

1. Entity Name
ISLAND RIVER REALTY, LLC

30007000

Principal Place of Business	Mailing Address
~~20 PEACHTREE CT.~~ ~~HOLBROOK, NY 11741~~	~~20 PEACHTREE CT.~~ ~~HOLBROOK, NY 11741~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
217 VANDERBILT ~~CIRCLE~~	217 VANDERBILT CIRCLE
Suite, Apt #, etc. BLVD	Suite, Apt. #, etc. BLVD
City & State: LOCUST NC	City & State: LOCUST, NC
Zip: 28097 Country: USA	Zip: 28097 Country: USA

04072007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 72-1550812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAWFORD, GEORGE 1517 BALDWIN STREET ROCKLEDGE, FL 32955	Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/23/07

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CONTENT, STEPHEN ~~20 PEACHTREE CT~~ ~~HOLBROOK, NY 11741~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15337 BRETON BROOK ST. HUNTERSVILLE, NC 28078
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] April 23 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #