LIABILITY COMPANY

M06000000361

∠E RIVER PALMS, LĹC



FILED
Mar 19, 2007 08:06
Secretary of State

Principal Place of Business

1200 MELDONDOOK OD CTE DOO

1300 MEADOWBROOK RD., STE. 202 JACKSON, MS 39211 Mailing Address

1300 MEADOWBROOK RD., STE. 202 JACKSON, MS 39211



03142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3879354

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED I

DO NOT WRITE IN THIS SPACE

Dale

SIGNATURE			
- GIGHATONE	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when revistating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			000000671858 03/28/07-80045-016 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DEVENDER, WILLIAM J 1300 MEADOWBROOK RD., STE. 202 JACKSON, MS 39211		
TITLE NAME STREET ADDRESS CJY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 received or trustee among ed to execute this report as required by Chapter 608, Florida Statutes.			

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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