2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # M07000002139 1. Entity Name KORMAN RIVER CHASE, LLC



Principal Place of Business TWO NESHAMINY INTERPLEX

SUITE 301 TREVOSE, PA 19053

Mailing Address

TWO NESHAMINY INTERPLEX SUITE 301

TREVOSE, PA 19053

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FILED

Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90042 014 ***138.75

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|--|---|----------------------------------|--|--|---------------------------------------|-----------------------------------|------------------------|-------------------------|--|
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04152008 | Chg-LLC | CR2E08 | 3 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 20-88 | 101589 | | | ptied For Applicable | |
| Zip | Country | Zip | Country | | f Status Desired | | 5.00 Add ee Require | | |
| | 6. Name and Address of Current | Registered Agent | istered Agent 7. Name a | | | d Address of New Registered Agent | | | |
| MUNROF | W. BRADLEY ESQ. | Name | Name | | | | | | |
| 239 E. VIRGINIA STREET TALLAHASSEE, FL 32301 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | · | | | | | | <u>,</u> | | |
| | | | City | FL Zip Code | | | | | |
| | named entity submits this statement fo ions of registered agent. | r the purpose of changing its re | gistered office or regi | istered agent, or both | , in the State of Flo | rida. Fam fa | miliar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and bile il applicable. (NOTE: R | egistered Agent signature red | ure required when reinstating) DATE | | | | | |
| | NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 | | . Make check payable to Florida Department of State | | | | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | IANAGERS 10. | | ADDITIONS/CHANGES | | | | |
| TITLE | MGR | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | JJC RIVER CHASE, LLC | | NAME | | | | | | |
| STREET ADDRESS | TWO NESHAMINY INTERPLEX | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | TREVOSE, PA 19053 | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME | | | NAME | | | | | | |

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|---------------------------------------|--|--|-----------------------|----------|------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Delete JJC RIVER CHASE, LLC TWO NESHAMINY INTERPLEX TREVOSE, PA 19053 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Deliete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | ☐ Change | Addition | | |
| 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 eignature 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGERIAR AUTHORIZED REPRESENTATIVE LLC.

215-244-5160