

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000001267

1. Entity Name
FALLS RIVER GROUP, LLC



Principal Place of Business
**425 EIGHTH STREET SOUTH
NAPLES, FL 34102**

Mailing Address
**425 EIGHTH ST. SOUTH
NAPLES, FL 34102**



07022004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
31-1571373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUSTIN, KERRY
425 EIGHTH STREET SOUTH
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 *K. C. Dustin*
Signature, typed or printed name of registered agent and title if applicable.

CEO

(NOTE: Registered Agent signature required when reinstating)

7/13/04
DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

1100000167382
07/20/04-80002-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DUSTIN, KERRY
425 EIGHTH ST. SOUTH
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *K. C. Dustin*