


05-05-2006 90168 029 \*\*\*150.00

<b>DOCUMENT # P04000017502</b>				05-05-2006 90168 029 ***150.00	
1. Entity Name RIVER EDGE PLANTATION COMPANY					
Principal Place of Business 800 W CYPRESS CREEK ROAD SUITE 470 WACHOVIA BANK BUILDING FT LAUDERDALE, FL 33309			Mailing Address 800 W CYPRESS CREEK ROAD SUITE 470 WACHOVIA BANK BUILDING FT LAUDERDALE, FL 33309		
2. Principal Place of Business 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465 City & State FT. LAUDERDALE, FL Zip 33309		3. Mailing Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465 City & State FT. LAUDERDALE, FL Zip 33309		04282006 Chg-P CR2E034 (11/05)	
4. FEI Number 58-2683772		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGE, LARRY 800 W CYPRESS CREEK ROAD SUITE 470 WACHOVIA BANK BUILDING FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ASAT <input type="checkbox"/> Delete NAME LEGE, LARRY STREET ADDRESS 800 W CYPRESS CREEK ROAD SUITE 470 CITY-ST-ZIP FT LAUDERDALE, FL 33309			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE DPST <input type="checkbox"/> Delete NAME REYNAERT, JEROME STREET ADDRESS 800 W CYPRESS CREEK RD, # 470 CITY-ST-ZIP FORT LAUDERDALE, FL 33309			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS P.O. BOX 1059 CITY-ST-ZIP ALVA, FL 33920		
TITLE D <input type="checkbox"/> Delete NAME STERLACCI, JOSEPH M STREET ADDRESS 800 W CYPRESS CREEK RD, # 470 CITY-ST-ZIP FORT LAUDERDALE, FL 33309			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 14130 DUKE WAY CITY-ST-ZIP ALVA, FL 33920		
TITLE D <input type="checkbox"/> Delete NAME HOPKINS, WILLIAM F JR STREET ADDRESS 800 W CYPRESS CREEK RD, # 470 CITY-ST-ZIP FORT LAUDERDALE, FL 33309			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1250 GALLEON DR., #104 CITY-ST-ZIP NAPLES, FL 33939		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Larry Lege</u> LARRY LEGE A.S. 4.28.6 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					