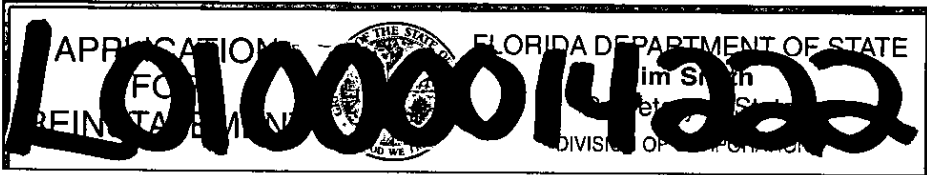


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008818050
11/06/02--01027--012 **150.00

1. DOCUMENT # L01000014222
Name and Mailing Address

0004713 01 FP 0.352 **PRSRT TS 0 0615 33601-101414
THE RIVER, LLC
P.O. BOX 1014
TAMPA FL 33601-1014



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 7860 PROFESSIONAL PLACE TAMPA FL 33637		5. Date Organized or Qualified To Do Business in Florida 08/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 05-0535946	Applied For Not Applicable
8. Name and Address of Current Registered Agent RAINS, JOHN H III 501 E KENNEDY BLVD SUITE 750 TAMPA FL 33602		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent: *[Signature]* Date: 3 / Oct 2002
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STANLEY, GERALD H SR	7860 PROFESSIONAL PLACE	TAMPA FL 33637

REINSTATEMENT 02 Dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
Signature of Managing Member/Manager: *[Signature]* Date: 10-29-02 Daytime Phone # 813-961-2747
Typed or printed name of signing Managing Member/Manager