


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021236

1. Entity Name
RIVERVIEW APARTMENTS, LLC



Principal Place of Business
**4400 BAYOU BLVD
 PENSACOLA, FL 32503**

Mailing Address
**P.O. DRAWER 9469
 PENSACOLA, FL 32513-9469**



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC CR2E083 (10/03)

4. FEI Number
74-3024290

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIEL J. NIXON III
 3 W. GARDEN ST., STE. 700
 PENSACOLA, FL 32501**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$56.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIEL, J NIXON III 3 W GARDEN ST, SUITE 700 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAPIER, PHILLIP A P.O. DRAWER 9469 PENSACOLA, FL 325139469
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 03/16/05-80059-007 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Daniel Nixon* 03/14/05 850-857-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #