

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027927

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: RIVERSIDE ASSOCIATES, LLC

**Current Principal Place of Business:**

909-A US HIGHWAY 17-92  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 530519  
DEBARY, FL 32753

**New Mailing Address:**

FEI Number: 42-1556209      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHN C. COOK  
909-A US HIGHWAY 17-92  
DEBARY, FL 32713      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COOK, JOHN C  
Address: 909-A US HIGHWAY 17-92  
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete  
Name: COOK, GEORGE  
Address: 909-A US HIGHWAY 17-92  
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete  
Name: WILLIAMS, R. JAMERSON  
Address: 909-A US HIGHWAY 17-92  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN C. COOK

MGR

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date