## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # L03000012608 1. Entity Name 02-04-2004 90230 029 \*\*\*\*50.00 AMERICAN OPPORTUNITY FOR HOUSING - RIVERMILL, LLC Principal Place of Business Mailing Address 2161 NW MILITARY HWY., SUITE 111 2161 NW MILITARY HWY., SUITE 111 **44006444** SAN ANTONIO TX 78213 SAN ANTONIO TX 78213 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number 2105 587 Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLUMBERG EXCELSIOR CORPORTE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGR TITLE ☐ Change Addition NAME AMERICAN OPPORTUNITY FOR HOUSING, INC. NAME STREET ADDRESS STREET ADDRESS 2161 NW MILITARY HWY., STE 111 CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78213 TITLE ☐ Change TITLE Delete Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED