

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000037193

FILED
Jan 19, 2008
Secretary of State**Entity Name:** RIVERVIEW AT TARPON, LLC**Current Principal Place of Business:**10529 LAKE WILLIAMS DRIVE
ODESSA, FL 33556**New Principal Place of Business:****Current Mailing Address:**PO BOX 544
TARPON SPRINGS, FL 34688**New Mailing Address:****FEI Number:** 61-1457700**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILKEY, THOMAS E RA
10529 LAKE WILLIAMS DR.
ODESSA, FL 33556 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:** MGRM () Delete
Name: WILKEY, THOMAS E
Address: 10529 LAKE WILLIAMS DRIVE
City-St-Zip: ODESSA, FL 33556**Title:** MGRM () Delete
Name: ELLIOTT, JULES
Address: 103 PEGRAM LANE
City-St-Zip: FREDERICKSBURG, VA 22408**ADDITIONS/CHANGES:****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: THOMAS E. WILKEY

MGRM

01/19/2008

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