

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037193

FILED
Apr 29, 2009
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

04/29/2009

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