

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078309

Entity Name: RIVERLAND PLACE, LLC

FILED  
Mar 05, 2007  
Secretary of State

## Current Principal Place of Business:

612 S.E. 5TH AVENUE  
SUITE # 1  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

612 S.E. 5TH AVENUE  
SUITE # 1  
FT. LAUDERDALE, FL 33301

## New Mailing Address:

FEI Number: 16-1709250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EVANS, JAMES D  
612 S.E. 5TH AVENUE  
SUITE # 1  
FT. LAUDERDALE, FL 33301 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: EVANS, JAMES D  
Address: 612 SE 5TH AVENUE SUITE #1  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: HURST, DOUG  
Address: PO BOX # 120277  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: MGRM (X) Delete  
Name: MOORE, HARRIETTE  
Address: 612 SE 5TH AVENUE SUITE # 1  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: AMARO, NICHOLAS  
Address: 612 SE 5TH AVENUE SUITE # 1  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: HURST, JULIE  
Address: PO BOX # 120277  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: MGRM ( ) Delete  
Name: EVANS, JR, JAMES D  
Address: 612 SE 5TH AVENUE SUITE # 1  
City-St-Zip: FT. LAUDERDALE, FL 33301

## 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:

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 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: NICHOLAS AMARO

MGRM

03/05/2007

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