


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L05000051701<br>1. Entity Name<br>RIO DEVELOPERS, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>100 SW ALBANY AVE.<br>SUITE 110<br>STUART, FL 34994 US | Mailing Address<br>100 SW ALBANY AVE.<br>SUITE 110<br>STUART, FL 34994 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04292008No Chg-LLC CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>01-0640262                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

UNIVERSAL DEVELOPMENT OF FLORIDA, LLC  
 100 SW ALBANY AVE.  
 SUITE 110  
 STUART, FL 34994

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

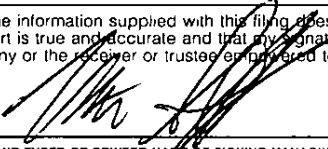
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>UNIVERSAL DEVELOPMENT OF FLORIDA, LLC<br>100 SW ALBANY AVE., SUITE 110<br>STUART, FL 34994 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

000000943941  
 05/29/08-80080-011 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 4/28/08 Daytime Phone #: 772-463-0194