

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024149

FILED
Jul 07, 2008
Secretary of State

Entity Name: RIVER CITY HOME FINDERS, LLC

Current Principal Place of Business:

1961 LORRIE LYNN LANE.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

1961 LORRIE LYNN LN.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, PAUL H
1961 LORRIE LYNN LN.
JACKSONVILLE, FL 32223 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: MGR () Delete
Name: WORKMAN, PAUL H
Address: 5470 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR () Delete
Name: WORKMAN, JAN L
Address: 5470 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM () Delete
Name: WORKMAN, DANIEL P
Address: 219 EVERGREEN LANE
City-St-Zip: MIDDLEBURG, FL 32068

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:

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: JAN WORKMAN

MGR

07/07/2008

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