2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000024149

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 L WORKMAN MGRM 04/29/2009

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