

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118803

FILED
Apr 30, 2008
Secretary of State

Entity Name: RIVERLAKE CAPITAL, LLC

Current Principal Place of Business:

5004 RIVER LAKE ROAD
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

5004 RIVER LAKE ROAD
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOVONI, BRIAN R
117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

GOVONI, BRIAN R
117 EAST LAKE AVENUE
C
AUBURNDALE, FL 33823 US

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: _____ 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAIER, LINDA D
Address: 5004 RIVER LAKE ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: GOVONI, BRIAN R
Address: 5004 RIVER LAKE ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: M () Change (X) Addition
Name: GOVONI, HENRY C
Address: 117 EAST LAKE AVENUE - SUITE C
City-St-Zip: AUBURNDALE, FL 33823 US

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: AMANDA-JO NICHOLSON M 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date