

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90036 018 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                          |                                                                                                                          |                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000002234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                                          |                                                                                                                          |                                                                                                        |  |
| <b>1. Entity Name</b><br>RIVERSTONE HOLDING COMPANY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                                          |                                                                                                                          |                                                                                                        |  |
| Principal Place of Business<br>1600 SAWGRASS CORPORATE PARKWAY, SUITE <del>300</del> <b>230</b><br>SUNRISE, FL 33323                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | Mailing Address<br>1600 SAWGRASS CORPORATE PARKWAY, SUITE <del>300</del> <b>230</b><br>SUNRISE, FL 33323 |                                                                                                                          |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                         |                                                                                                                          | 04092008    Chg-LLC    CR2E083 (12/06)                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | City & State                                                                                             |                                                                                                                          | <b>4. FEI Number</b><br>20-8192225                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             | Country                                                                                                  |                                                                                                                          | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HELFMAN, STEVEN M ESQ.<br>1600 SAWGRASS CORPORATE PARKWAY, SUITE <del>300</del> <b>230</b><br>SUNRISE, FL 33323                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                          | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                                        |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                          | Zip Code                                                                                                                 |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                                                          |                                                                                                                          |                                                                                                        |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                                                                                                          |                                                                                                                          | DATE <b>4/27/08</b>                                                                                    |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                          |                                                                                                                          | DATE                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             | <b>Make check payable to</b><br><b>Florida Department of State</b>                                       |                                                                                                                          |                                                                                                        |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                                                          | <b>10. ADDITIONS/CHANGES</b>                                                                                             |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MGR</b><br><b>Izhek Ezrethi</b><br><b>1600 Sawgrass Corp Pkwy, Suite 230</b><br><b>Sunrise, FL 33323</b> |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                             |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |                                                                                                             |                                                                                                          |                                                                                                                          |                                                                                                        |  |
| <b>SIGNATURE:</b> <b>RICHARD M. NORWALK</b> <b>4/28/08</b> <b>(954) 753-1730</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                          |                                                                                                                          |                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                          |                                                                                                                          |                                                                                                        |  |

00037559

