## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2004 08:00 AM Secretary of State --

ANNUAL REPORT				Secretary of Stat		
DOCUMENT # L00000003650					comy or accer	
1. Entity Name RIVERVIEW DEVELOPERS, LC						
10001001	LVV DEVEEO, ENO, LO					
Principal Plac	e of Business	Mailing Address				
2980 SOUTH 25TH STREET 2980 SOUTH 25TH STREET FORT PIERCE, FL 34981 FORT PIERCE, FL 34981						
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DO NOT WRITE IN THIS SPAC				04262004 No Chg-LLC C	R2E083 (10/03)	
DO NOT WHITE IN THIS SPA			VL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional	
<u> </u>	6. Name and Address of Current	Decietored Agent	<u> </u>	C. Collingue of California	Fee Required	
<u> </u>	o, realite and Address of Correct	ringiainted educer	,			
SOWERBY, DAVID N ESQ MELVILLE & SOWERBY, P.A.				DO NOT WRI	TE	
2940 SOUTH 25TH STREET				IN THIS SPAC	`F	
FORT PIE	RCE, FL 34981-5605	:		IN THIS OF A	<b>√ 1</b>	
					5 5	
	named entity submits this statement in ions of registered agent.	or the purpose of changing its register	ea onice or registe	red agent, or both, in the State of Florida.	t atti tamiliai witit, atto accept	
SIGNATURE				See the second	<u> </u>	
	Signature, typed or printed name of registered agen	and the it applicable. (NOTE Register	ed Agent signature requiror		AA700	
Fi D	iling Fee is \$50.00 ue by May 1, 2004		U00000144708 04/30/04-80142-013 50.00			
9.	MANAGING MEMB	ERS/MANAGERS	1			
TITLE	MGR					
NAME STREET ADDRESS	TERPENING, J.P. (BUTCH) 2980 S. 25TH ST.					
CITY-ST-ZIP	FT. PIERCE, FL 34981					
TITLE	MGRM					
NAME	TERPENING, SHERRY					
STREET ADDRESS CITY-ST-ZIP	2980 S. 25TH ST. FT. PIERCE, FL 34981					
DILE		<u></u>	1			
NAME						
STREET ADDRESS  CITY-ST-ZIP		•		DO NOT WRI	ITE	
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NAME			1			
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CITY-ST-ZIP			4			
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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

STREET ADDRESS CITY-ST-ZIP

4/26/09 (712)464-3537

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