

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90005 003 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000003650 1. Entity Name RIVERVIEW DEVELOPERS, LC						10106828	
Principal Place of Business 2980 SOUTH 25TH STREET FORT PIERCE, FL 34981				Mailing Address 2980 SOUTH 25TH STREET FORT PIERCE, FL 34981			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For ☒ Not Applicable			
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SOWERBY, DAVID N ESQ MELVILLE & SOWERBY, P.A. 2940 SOUTH 26TH STREET FORT PIERCE, FL 34981-6606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)			
DATE				DATE			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERPENING, J.P. (BUTCH) 2980 S. 25TH ST. FT. PIERCE, FL 34981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	CRE0013 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERPENING, SHERRY 2980 S. 25TH ST. FT. PIERCE, FL 34981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition			
11. I hereby certify that the information supplied with this filing 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 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 606, Florida Statutes.							
SIGNATURE <u>Sherry Terpening</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE <u>6/2/03</u> DATE			