

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 08:00 AM
Secretary of State



05132008 No Chg-LLC CR2E083 (12/07)

DOCUMENT # L00000006443	
1. Entity Name RIVER ROADS, L.L.C.	

Principal Place of Business 133 HOSPITAL DRIVE FORT WALTON BEACH, FL 32548	Mailing Address 133 HOSPITAL DRIVE FORT WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOWRY, RICHARD T
133 HOSPITAL DR
FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000953587
07/07/08-80004-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWRY, RICHARD T 133 HOSPITAL DRIVE FORT WALTON BEACH, FL 32548
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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.

SIGNATURE Nela Mary **7/1/08** **850-244-3714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #