2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007952

1. Entity Name
RIVERSIDE NURSING HOME, L.L.C.

Principal Place of Business	Mailing Address
206 COURTLAND CIRCLE LAKELAND, FL 33803	206 COURTLAND CIRCLE LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

01202005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
31-1756213	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLER, GERALD L
206 COURTLAND CIRCLE
LAKELAND, FL 33803

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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

Filing Fee is $50.00
Due by May 1, 2005

U0U0U0218785
02/08/05-90001-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KELLER, GERALD L
STREET ADDRESS	206 COURTLAND CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: _____   1/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #