2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004757

BELL, JOHN T

503 MC DANIEL ST

TALLAHASSEE, FL 32303

Name:

Address:

City-St-Zip:

Entity Name: RIVERS BELL BUILDING, LLC

FILED May 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1624 VILLAGE SQUARE BLVD. STE 101 TALLAHASSEE, FL 32309 **New Mailing Address: Current Mailing Address:** 1624 VILLAGE SQUARE BLVD. STE 101 TALLAHASSEE, FL 32309 FEI Number: 59-3718130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVERS, REBEKAH 414 SUMMERBROOKE DR TALLAHASSEE, FL 32312 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RIVERS, REBEKAH Name: Name: Address: 414 SUMMERBROOKE DR Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BELL, KATHRYN G Name: Name: Address: 503 MC DANIEL ST Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: MGR () Delete Title: () Change () Addition RIVERS, GENE Name: Name: 414 SUMMERBROOKE DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: () Delete Title: MGR Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: REBEKAH RIVERS MGRM 05/29/2007