

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016199

FILED
Apr 17, 2007
Secretary of State

Entity Name: RIVERSIDE CORPORATE CENTER, L.L.C.

Current Principal Place of Business:

245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500, ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32202 US

New Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTN: LEGAL DEPT - SUSAN WHITLATCH
JACKSONVILLE, FL 32202 US

FEI Number: 59-3746389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: REGAN, MICHAEL N
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: SLAPPEY, BRADFORD A
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: SOLOMON, STEPHEN W
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR (X) Delete
Name: DALY, MICHAEL J JR
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR (X) Delete
Name: SHALLEY, MICHAEL J
Address: 245 RIVERSIDE AVE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete
Name: GOTTLIEB, JEFFREY S
Address: 245 RIVERSIDE AVE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DALY, MICHAEL J JR
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL N. REGAN

MGR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date