


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # L01000021236	
1. Entity Name RIVERVIEW APARTMENTS, LLC	

Principal Place of Business 4300 BAYOU BLVD. SUITE 10 PENSACOLA, FL 32503	Mailing Address P.O. DRAWER 9469 PENSACOLA, FL 32513-9469
--	---

DO NOT WRITE IN THIS SPACE

	
01102007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 74-3024290	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL, J. NIXON III
3 W. GARDEN ST., STE. 700
PENSACOLA, FL 32501

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

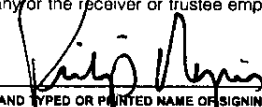
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIEL, J NIXON III 3 W GARDEN ST, SUITE 700 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAPIER, PHILLIP A P.O. DRAWER 9469 PENSACOLA, FL 325139469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000668456
03/27/07-80032-006 55.00

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:  **03/09/07** **850-857-1881**

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