2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 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

02132008 No Chg-LLC CR2E083 (12/07)

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4. FEI Number
74-3024290

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $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

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

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

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04/01/08-80063-012 143.75

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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: Philip Napier MANAGER 02/14/08 850-857-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #