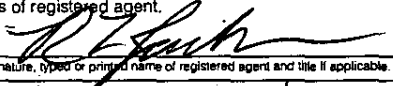
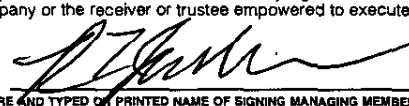


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000006363						FILED 04 JUL -1 PM 3:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name RIVERVIEW INVESTMENTS, LLC							
Principal Place of Business 1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901 US		Mailing Address 1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAHLE, MICHAEL 2220 FRONT STREET, #401 MELBOURNE, FL 32901				Name Robert L. Jackson Street Address (P.O. Box Number is Not Acceptable) 1819 S. Riverview Drive Suite 101 City Melbourne FL Zip Code 32901			
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 				Robert L. Jackson, Manager 6-16-04			
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAHLE, MICHAEL ☒ Delete 1819 S. RIVERVIEW DR., STE. 101 MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Change ☒ Addition Robert L. Jackson 1819 S. Riverview Drive, Suite 101 Melbourne, FL 32901		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Change ☒ Addition Donald DeSanctis 6989 Emerald Spring Lane Las Vegas, NV 89113		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Change ☒ Addition Mary Adams 13000 Pierce Street Pacoima, CA 91331		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200038844572 07/07/04--01076--005 **\$50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 				Robert L. Jackson, Manager (321) 733-1128			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	