2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000006363

1. Entity Name
RIVERVIEW INVESTMENTS, LLC

FILED
04 JUL -1 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901 US	1819 S. RIVERVIEW DRIVE SUITE 101 MELBOURNE, FL 32901 US

06102004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3033788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 1819 S. RIVERVIEW DR., STE. 101 MELBOURNE, FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Robert L. Jackson 1819 S. Riverview Drive, Suite 101 Melbourne, FL 32901	☐ Change ☒ Addition
		☐ Delete		Manager Donald DeSanctis 6989 Emerald Spring Lane Las Vegas, NV 89113	☐ Change ☒ Addition
		☐ Delete		Manager Mary Adams 13000 Pierce Street Pacoima, CA 91331	☐ Change ☒ Addition
		☐ Delete		200038844572 07/07/04--01076--005 **50.00	☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ 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 6/16/04 (321) 733-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #