

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007306 1. Entity Name RIVERWALK DEVELOPERS, LLC	
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Principal Place of Business 2980 25TH STREET FT. PIERCE, FL 34982	Mailing Address 2980 25TH STREET FT. PIERCE, FL 34982
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04262004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3631805	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TERPENING, SHERRY T 2980 25TH STREET FT. PIERCE, FL 34982
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000144707
04/30/04-80142-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TERPENING, SHERRY T 2980 25TH STREET FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TERPENING, JAMES P 2980 S. 28TH STREET FORT PIERCE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <u>Sherry Terpening</u>	Date: <u>4/26/04</u>	Daytime Phone #: <u>(772) 464-3537</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		