

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L02000017688</b> 1. Entity Name <b>RIVERFRONT PARTNERS, LLC</b>						
Principal Place of Business <b>400 NORTH ASHLEY DRIVE FLI-010-02-07 TAMPA, FL 33602</b>			Mailing Address <b>401 N TRYON ST NC1-021-02-20 CHARLOTTE, NC 28255</b>			
2. Principal Place of Business <b>6508 East Fowler Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>6508 East Fowler Avenue</b> Suite, Apt. #, etc.				
City & State <b>Tampa, FL</b> Zip <b>33617</b>		City & State <b>Tampa, FL</b> Zip <b>33617</b>		Country <b>USA</b>		
Country <b>USA</b>		4. FEI Number <b>61-1429724</b>				
5. Certificate of Status Desired <input type="checkbox"/>		11212005 Chg-LLC CR2E083 (10/03)				
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1201 Hays Street</b> City <b>Tallahassee</b>		
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.				Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE <u>Deborah D. Skipper</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5.00 Additional Fee Required		
Amended AR is \$50.00				Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>BANC OF AMERICA COMMUNITY DEVELOPMENT CORP</b> <b>401 N TRYON ST; NC1-021-02-20</b> <b>CHARLOTTE, NC 28255</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>Heights of Tampa, LLC</b> <b>6508 East Fowler Avenue</b> <b>Tampa, FL 33617-2406</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						
Date <u>11/30/05</u> Daytime Phone #						

FILED

05 DEC -2 AM 9:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 5000610915



CORPORATION SERVICE COMPANY

L020000017688

ACCOUNT NO. : 072100000032

REFERENCE : 734855 4326591

AUTHORIZATION : *Debbie Skipper*

COST LIMIT : \$ 50.00

ORDER DATE : December 2, 2005

ORDER TIME : 9:42 AM

ORDER NO. : 734855-010

CUSTOMER NO: 4326591

*hpk*

FILED  
05 DEC -2 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDED ANNUAL REPORT

NAME: RIVERFRONT PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ PLAIN STAMPED COPY

RECEIVED  
05 DEC -2 PM 12:02  
DIVISION OF CORPORATION

CONTACT PERSON: Debbie Skipper -- EXT# 2948

EXAMINER: \_\_\_\_\_