2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017688

1. Entity Name

CITY-ST-ZIP

RIVERFRONT PARTNERS, LLC



Principal Place of Business

Mailing Address

6508 EAST FOWLER AVENUE TAMPA, FL 33617-2406

6508 EAST FOWLER AVENUE TAMPA, FL 33617-2406

FILED Mar 21, 2006 8:00 am Secretary of State

03-21-2006 90294 034 ****50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For S1-1429724 Not Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature; typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM HEIGHTS OF TAMPA, LLC 6508 EAST FOWLER AVENUE TAMPA, FL 336172406			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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.



3/17/06 813-891-6165

Daytime Phone #