2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000000090

1. Entity Name

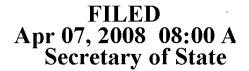
RIVER SHADE SUITES, LLC



Principal Place of Business

Mailing Address

5119 N. FLORIDA AVENUE TAMPA, FL 33603 PO BOX 271807 TAMPA, FL 33688-1807





03302008 No Chg-LLC

CR2E083 (12/07)

813 241-0371

4. FEI Number	Applied For	
04-3740901	Not Applicabl	е
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

COHN, VANESSA ESQUIRE 1110 N. FLORIDA AVENUE TAMPA, FL 33602

the obligations of registered agent.

SIGNATURE:

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		U00000882136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ROBERT 5119 N FLORIDA AVE TAMPA, FL 33603		000000882196 04/16/08-80031-009 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ANN		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			

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.

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