

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000090

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** RIVER SHADE SUITES, LLC

**Current Principal Place of Business:**

5119 N. FLORIDA AVENUE  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 271807  
TAMPA, FL 336881807

**New Mailing Address:**

**FEI Number:** 04-3740901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALLACE, ROBERT  
Address: 5119 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33603

Title: MGRM  
Name: WALLACE, ANN  
Address: 5119 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ANN WALLACE

MGRM

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date