

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90005 026 ****50.00

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04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number **36-4520265** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L03000003407

1. Entity Name
RIVERVIEW PROPERTY INVESTMENTS, LLC



Principal Place of Business
**396 NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935 US**

Mailing Address
**397 NORTH BABCOCK STREET
MELBOURNE, FL 32935 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**PAUL A. BOUVIER, P.A.
3210 NORTH WICKHAM ROAD
SUITE 5
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name
St
City

**Dave Presnick
96 Williard Street, Suite 302
Cocoa, FL 32922**

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 *David M Presnick* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	Manager Sei Hwan Pak 397 N. Babcock Street Melbourne, FL 32935	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	Manager Mark Salmon 397 N. Babcock Street Melbourne, FL 32935	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		Change ☐ 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: *Sam Pak* 4/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #