


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L03000003885 1. Entity Name RIVERSIDE AVENUE INVESTMENTS, LLC	
---	---

Principal Place of Business 1021 OAK STREET JACKSONVILLE, FL 32204	Mailing Address 1021 OAK STREET JACKSONVILLE, FL 32204
--	--



02272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0827492	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

GULLIFORD, WILLIAM I III
1021 OAK STREET
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

UN00000477620
04/06/06-80058-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM, STANLY A III 1021 OAK STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVEN, DIEBENOW 1021 OAK STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULLIFORD, WILLIAM I III 1021 OAK STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #