



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90130 036 ***138.75

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		
2. Principal Place of Business - No P.O. Box # 3675 PINE ST.		3. Mailing Address 3675 PINE ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE, FL		4. FEI Number 55-0827492	
Zip 32205		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32205		Country DUVAL		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GULLIFORD, WILLIAM I III 1021 OAK STREET JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name WILLIAM A. STANLY, III Street Address (P.O. Box Number is Not Acceptable) 3675 PINE ST. City JACKSONVILLE FL Zip Code 32205		
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 <u><i>W.A. Stanley III</i></u> <small>Signature of Registered Agent or Officer (Type name) (Print Name of Registered Agent or Officer (Type name) (Type name))</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAM STANLY A III 1021 OAK STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STANLY, WILLIAM A. III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3675 PINE ST. JACKSONVILLE, FL 32205		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEVEN DIEBENOW 1021 OAK STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIEBENOW, STEVEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3675 PINE ST. JACKSONVILLE, FL 32205		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GULLIFORD, WILLIAM I III 1021 OAK STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3675 PINE ST. JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>W.A. Stanley III</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					