

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90107 048 ****55.00

DOCUMENT # L03000006479

1. Entity Name
RIVERWORKS MANAGEMENT, LLC



Principal Place of Business

390 NORTH BRIDGE ST.
LABELLE, FL 33935

Mailing Address

390 NORTH BRIDGE ST.
LABELLE, FL 33935

20003652



01192005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
38-3674671

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIGHTINGALE, SWEA
390 NORTH BRIDGE ST.
LABELLE, FL 33935

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHOENWALD, MARK C
1355 N. RIVER ROAD
LABELLE, FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NIGHTINGALE, SWEA
1355 N. RIVER ROAD
LABELLE, FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Swea Nightingale* SWEA NIGHTINGALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

1/21/05

Daytime Phone #

863-612-0085