


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90419 046 \*\*\*\*55.00

<b>DOCUMENT # L03000006479</b> 1. Entity Name RIVERWORKS MANAGEMENT, LLC	
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Principal Place of Business 390 NORTH BRIDGE ST. LABELLE, FL 33935	Mailing Address 390 NORTH BRIDGE ST. LABELLE, FL 33935
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**20010648**



02212006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3674671	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**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
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**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:** *Swea Nightingale* SWEA NIGHTINGALE 2/21/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

863-612-  
0085  
Daytime Phone