

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90039 017 \*\*\*\*50.00

**DOCUMENT # L03000007527**

1. Entity Name  
RIVER FRONT, LLC



Principal Place of Business  
205 W. DR. MARTIN LUTHER KING JR. BLVD  
STE. 202  
TAMPA, FL 33603

Mailing Address  
205 W. DR. MARTIN LUTHER KING JR. BLVD  
STE. 202  
TAMPA, FL 33603

**DO NOT WRITE IN THIS SPACE**

05032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NORMAN, CHRISTPHER H  
315 S. HYDE PARK AVE.  
TAMPA, FL 33606

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME FERNANDEZ, CELESTINO F  
STREET ADDRESS 205 W DR MARTIN LUTHER KING JR BLVD #202  
CITY- ST- ZIP TAMPA, FL 33603

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 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:** \_\_\_\_\_

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

5/3/05

Date

(813) 231-0400

Daytime Phone #