



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90173 020 ****50.00

DOCUMENT # L03000010162 1. Entity Name RIVEN INVESTMENTS LIMITED COMPANY					
Principal Place of Business 341 WEST VENICE AVE. VENICE, FL 34285 US			Mailing Address 341 WEST VENICE AVE. VENICE, FL 34285 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTS, GREGORY C ESQUIRE 341 VENICE AVENUE WEST VENICE, FL 34285				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPHERD, CHARLES L		NAME		
STREET ADDRESS	996 ELGIN ST.		STREET ADDRESS	P.O. BOX 1147, 26 SETTLERS CT.	
CITY-ST-ZIP	NEWMARKET, ON CANADA L3Y3C1.		CITY-ST-ZIP	NIAGARA-ON-THE-LAKE, ON L0S1J0	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPHERD, LINDY I		NAME		
STREET ADDRESS	996 ELGIN ST.		STREET ADDRESS	P.O. BOX 1147, 26 SETTLERS CT	
CITY-ST-ZIP	NEWMARKET, ON CANADA L3Y3C1.		CITY-ST-ZIP	NIAGARA-ON-THE-LAKE, ON L0S1J0	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>CHARLES L. SHEPHERD</u> 			Date: <u>2/18/05</u> Daytime Phone #: <u>905-468-9664</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					