


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L03000014818	
1. Entity Name RIVERBEND WEST, LLC	
	
Principal Place of Business 2900 UNIVERSITY DRIVE, CORAL SPRINGS, FL 33065	Mailing Address 2900 UNIVERSITY DRIVE, CORAL SPRINGS, FL 33065



02272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3691196	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWARD BARRON, INC
2900 UNIVERSITY DRIVE,
CORAL SPRINGS, FL 33065**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000911481
05/07/08-80042-004 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BROWARD BARRON, INC
STREET ADDRESS	2900 UNIVERSITY DRIVE,
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

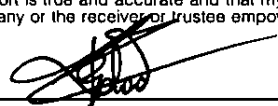
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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: _____



Broward Barron, Inc.

George Rahael, President

4/11/08

954-753-9500

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

Date

Daytime Phone #