

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000037193

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** RIVERVIEW AT TARPON, LLC

**Current Principal Place of Business:**

10529 LAKE WILLIAMS DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 544  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 61-1457700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKEY, THOMAS E RA  
10529 LAKE WILLIAMS DR.  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WILKEY, THOMAS E  
**Address:** 10529 LAKE WILLIAMS DRIVE  
**City-St-Zip:** ODESSA, FL 33556

**Title:** MGRM  
**Name:** ELLIOTT, JULES  
**Address:** 103 PEGRAM LANE  
**City-St-Zip:** FREDERICKSBURG, VA 22408

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS E WILKEY

MGRM

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date