

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037205

Entity Name: RTVS DEVELOPMENT LLC

FILED  
Jan 10, 2004  
Secretary of State

## Current Principal Place of Business:

967 TAMARIND CIRCLE  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

967 TAMARIND CIRCLE  
ROCKLEDGE, FL 32955

## New Mailing Address:

FEI Number: 20-0371499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAINEY, MARK  
967 TAMARIND CIRCLE  
ROCKLEDGE, FL 32955 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/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: ROCKYTOP INVESTMENTS, , LLC  
Address: 967 TAMARIND CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM ( ) Change (X) Addition  
Name: DREAM GIVER INVESTME, NTS, LLC  
Address: 580 WAVERLY DR.  
City-St-Zip: SLIDELL, LA 70461

Title: MGRM ( ) Change (X) Addition  
Name: VIKING SOUTH, INC,  
Address: 1920 WOODHAVEN CIRCLE #78  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK RAINEY

MGRM

01/10/2004

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