2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000038932

1. Entity Name RIVER BEND, LLC



Principal Place of Business

2502 N. ROCKY POINT DRIVE

SUITE 1050 TAMPA, FL 33607 Mailing Address

2502 N. ROCKY POINT DRIVE

SUITE 1050 Tampa, FL 33607

FILED Feb 05, 2005 08:00 AM Secretary of State



01072005 No Chg-LLC

CR2E083 (10/03)

FEI Number
 20-0303231

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

STROHAUER, GARY N 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 33755

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SUITE 300 CLEARWATER, FL 33755		IN THIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OATE		
D	iling Fee is \$50,00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE RYAN GROUP, LLC 2502 N ROCKY POINT DRIVE, SUITE 1050 TAMPA, FL 33607	U00000216503 02/05/05-80051-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SY-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS 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:

TITLE NAME STREET ADDRESS

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MOUBER, OR AUTHORIZED REPRESENTATIVE

813-288-8078

Daytme Phone #