

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000004417

Entity Name: RIVER PALM, L.L.C.

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2325 NE INDIAN RIVER DRIVE  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LMI SERVICES, INC.  
115 EAST 69TH STREET  
NEW YORK, NY 10021

**New Mailing Address:**

FEI Number: 20-0642215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHUTTS & BOWEN  
1100 CITY PLACE TOWER  
525 OKEECHOBEE BLVD, SUITE 1100  
WEST PALM BEACH, FL 33401 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: DPT  
Name: WAKEMAN, RUFUS II  
Address: 528 N.E. ALICE STREET  
City-St-Zip: JENSEN BEACH, FL 34957

Title: DVPS  
Name: WAKEMAN, MELYNDA  
Address: 528 N.E. ALICE STREET  
City-St-Zip: JENSEN BEACH, FL 34957

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: RUFUS WAKEMAN II

DPT

02/03/2012

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