

02-23-2005 90158 050 *****50.00

L04000010955

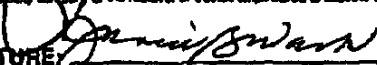
FILED

05 JUN 29 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30009636

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000010955			
1. Entity Name RIO INVESTORS, LLC			
Principal Place of Business 369 NE BAKER ROAD STUART FL 34984 US		Mailing Address 369 NE BAKER ROAD STUART FL 34984 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent WACHA, JANICE 369 NE BAKER ROAD STUART FL 34984		5. Name and Address of Prior Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. The above named entity subject to 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 acceptable) (NOTE: Registered Agent signature required for non-resident) Date _____			
FILE NOW!!! FEE IS \$50.00 (Make Check Payable to Florida Department of State Due by May 1, 2006)			
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MORM TRADEWINDS DEVELOPERS, LLC PO BOX 1969 JENSEN BEACH FL 34887 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 808, Florida Statutes.			
SIGNATURE 		2-17-05 772642 2229	
PRINTED NAME AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

N. Culligan JUN 29 2005