
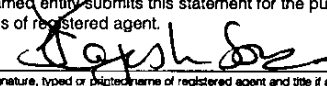
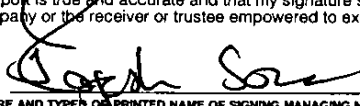


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90005 049 ****50.00

DOCUMENT # L04000014402 1. Entity Name RIVAS ENTERPRISES, LLC					
Principal Place of Business 655 LONGBOAT KEY CLUB RD. UNIT 19B LONGBOAT KEY, FL 34228 US			Mailing Address 655 LONGBOAT KEY CLUB RD. UNIT 19B LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business 33 W. First St., Ste. 200		3. Mailing Address 33 W. First St., Ste. 200			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dayton, Ohio		City & State Dayton, OH		4. FEI Number 20-2494706	
Zip 45402		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOIN, RAJESH K 655 LONGBOAT KEY CLUB RD. UNIT 19B LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name SOIN, RAJESH K Street Address (P.O. Box Number is Not Acceptable) 50 LIGHTHOUSE POINT ROAD City LONGBOAT KEY FL Zip Code 34228		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  July 29, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOIN, RAJESH K 655 LONGBOAT KEY CLUB RD., UNIT 19B LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOIN, RAJESH K. 50 LIGHTHOUSE POINT ROAD LONGBOAT KEY, FL 34228	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			MANAGING MEMBER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date JULY 29, 2005 (937) 222-6821		