2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026894

1. Entity Name
RIVERSIDE ACRES, L.L.C.

Principal Place of Business	Mailing Address
756 OVERIVER DRIVE NORTH FORT MYERS, FL	756 OVERIVER DRIVE NORTH FORT MYERS, FL

DO NOT WRITE IN THIS SPACE

07282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-6169337

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NITENSON, SHELDON
756 OVERIVER DRIVE
NORTH FORT MYERS, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by September 8, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NITENSON, SHELDON
STREET ADDRESS	756 OVERIVER DRIVE
CITY-ST-ZIP	NORTH FORT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: I Sheldon Nitenson 08-01-06 603-569-4489
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #