2007 LIMITED LIABILITY COMPANY

DOCUMENT # L04000029104

1. Entity Name RIVA POINT, LLC



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

2915 S.R. 590, STE 21 CLEARWATER, FL. 33759 Mailing Address

2915 S.R. 590, STE 21 CLEARWATER, FL 33759



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For	
54-2150255	 Not Applicat	de
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

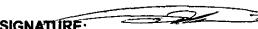
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ZSCHAU, JULIUS J 2701 N. ROCKY POINT DR, STE 930 TAMPA, FL 33607

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	named entity submits this statement for the purpose of changi tions of registered agent.	ing its registered office or registered agent, or both, in the Stat	e 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 renstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		•
NAME	QUEEN, GARY F		
STREET ADDRESS City-St-Zip	2915 S.R. 590, STE 21		
	CLEARWATER, FL 33759		
TITLE NAME		i uo	0000635427
STREET ADDRESS		02/23	/07-80014-003 50.00
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^{11.} I nereby 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.
Gary F. Queen



NAME STREET ADDRESS CITY-ST-ZIP

Manager

2/8/07

(727) 796-7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #