## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000046299**

1. Entity Name RIVO EXECUTIVE OFFICES, L.L.C.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237 2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1277987 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVOLTA, RENZO 2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237

## DO NOT WRITE IN THIS SPACE

					;
	named entity submits this statement for the purpose of changings of registered agent.	ging its registered	office or registered agent, or both	, in the State of Florida. I am familiar with, and acce	:pt
SIGNATURE.	Signature typed or printed name of registered agent and life if applicable.	JNETTE Businessed A	pert signature required when reinstating)	DATE	
Fi D	illing Fee is \$50.00 ue by May 1, 2006	(NO) E MARGANA	Getti arikustiko tadon oo miinti tenastailii()		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVOLTA, RENZO 2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, GARY R 2127 RINGLING BLVD., SUITE 102 SARASOTA, FL 34237				
TITLE Name Street address City-St-Zip			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCE WAVE OF SIGNING

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/12/06

, 941)9540355

Daytime Phone #