2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #.L04000059826 RIVERVIEW SOUTH, LLC 08 APR 28 AM 9: 26 Principal Place of Business Mailing Address 1202 PARRILLA DE AVILA 1202 PARRILLA DE AVILA TAMPA, FL 33613 **TAMPA, FL 33613** 04132008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3002711 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TSOKOS, CHRIS P DO NOT WRITE 1202 PARRILLA DE AVILA **TAMPA, FL 33613** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 500126886985 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 04/29/08 = -01035 = -019 **911.25MANAGING MEMBERS/MANAGERS 9. TITLE TSOKOS, CHRIS P NAME STREET ADDRESS 1202 PARRILLA DE AVILA TAMPA, FL 33613 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

P. Tsokus