## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000061265

1. Entity Name SOUTHERN LIVING RVP, LLC



Principal Place of Business

Mailing Address

**602-B CENTER ROAD** 

FORT MYERS, FL 33907

602-B CENTER ROAD FORT MYERS, FL 33907

US

## **FILED** Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90031 029 \*\*\*\*55.00

20030322



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
86-1113811		Not Applicable
5 Certificate of Status Desired	\$5.00	Additional

Fee Required

6. Name and Address of Current Registered Agent

SILVER, STUART 602-B CENTER ROAD FORT MYERS, FL 33907

## DO NOT WRITE 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_	· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi D:	ling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	SILVER, STUART				
STREET ADDRESS	602-B CENTER ROAD				
CITY-ST-ZIP	FORT MYERS, FL 33907				
TITLE	MGRM				
NAME	SILVER, FRANCES				
STREET ADDRESS	602-B CENTER ROAD				
CITY-\$1-2IP	FORT MYERS, FL 33907	į,			
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CITY-ST-ZIP					
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NAME					
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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:

CITY-ST-7P

(239)768-1239

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

Date

Daytime Phone #