

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083187

Entity Name: LIBERTY RIVERVIEW, LLC

FILED  
Feb 20, 2006  
Secretary of State

**Current Principal Place of Business:**

5472 FIRST COAST HIGHWAY, SUITE 6  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

5472 FIRST COAST HIGHWAY, SUITE 13  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

5472 FIRST COAST HIGHWAY, SUITE 6  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

5472 FIRST COAST HIGHWAY, SUITE 13  
AMELIA ISLAND, FL 32034

FEI Number: 20-1896403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTOLAW, INC.  
50 NORTH LAURA STREET, SUITE 2500  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHARDSON, SPURGEON III  
Address: 5472 FIRST COAST HIGHWAY #6  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGRM ( ) Delete  
Name: SIMMONS, VANN E  
Address: 5472 FIRST COAST HIGHWAY #6  
City-St-Zip: AMELIA ISLAND, FL 32034

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RICHARDSON, SPURGEON III  
Address: 5472 FIRST COAST HIGHWAY #13  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGRM (X) Change ( ) Addition  
Name: SIMMONS, VANN E  
Address: 5472 FIRST COAST HIGHWAY #13  
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VANN E. SIMMONS

MGRM

02/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date