

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90353 032 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20015143

DOCUMENT # L04000092565 1. Entity Name RIVERSIDE INVESTMENTS, LLC					
Principal Place of Business 1494 BLUFF ROAD APALACHICOLA, FL 32320			Mailing Address PO BOX 11 APALACHICOLA, FL 32329		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 515 Suite, Apt. #, etc.			
City & State		City & State COTTONDALE, FL		03062006 Chg-LLC CR2E063 (11/05)	
4. FEI Number 41-2163705		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip Country 32431 USA		6. Name and Address of Current Registered Agent NEEL, DALLAS E 3716 HWY 162 MARIANNA, FL 32446			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEEL, DALLAS EDWARD PO BOX 515 COTTONDALE, FL 32431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, SAMMY LAMAR JR PO BOX 11 APALACHICOLA, FL 32329 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Dallas E Neel</i> DALLAS E Neel <i>3-8-06</i> 850-258-4512 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					