

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004134

FILED
May 01, 2009
Secretary of State

Entity Name: RIVERSIDE REALTY NSB, LLC

Current Principal Place of Business:

P.O. BOX 1246
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

5300 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

P.O. BOX 1246
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 20-2165274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEIN, DAVID E
1300 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

SHEIN, DAVID E
2627 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAHEY, EDWARD
Address: PO BOX 1246
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MGRM () Delete
Name: BURKE, KATHLEEN
Address: PO BOX 1246
City-St-Zip: NEW SMYRNA BEACH, FL 32170

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAHEY, EDWARD J
Address: PO BOX 1246
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD J. FAHEY

MGRM

05/01/2009

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