


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000010670</b> 1. Entity Name <b>RIVARD FAMILY PROPERTIES, L.L.C.</b>	
---	---

Principal Place of Business <b>9740 ADAMO DRIVE TAMPA, FL 33619</b>	Mailing Address <b>9740 ADAMO DR TAMPA, FL 33619</b>
--	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01242007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2293655</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>MCDERMOTT, MICHAEL J ESQ 791 WEST LUMSDEN ROAD BRANDON, FL 33511</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------


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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____</small>
---

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000602703  
01/26/07-80100-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RIVARD, ROGER PO BOX 3350 BRANDON, FL 335093350</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.  <b>SIGNATURE:</b>  <b>Managing Member</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1-24-07</b> <small>Date</small>	<b>813 620-6500</b> <small>Daytime Phone #</small>
---	---------------------------------------	---