

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90143 007 ****50.00

DOCUMENT # L05000027777 1. Entity Name RIVERSTONE PROPERTY, LLC					
Principal Place of Business 6330 RIVERSIDE PUNTA GORDA, FL 33982			Mailing Address C/O DAROL H.M. CARR, ESQ P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 511238			
City & State Punta Gorda FL		Suite, Apt. #, etc.			
City & State Punta Gorda FL		4. FEI Number 20-2533037			
Zip 33951-1238		Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02102006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CARR, DAROL H.M. ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950				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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM DAROL H. M. CARR 6330 Riverside Drive Punta Gorda, FL 33982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Larry D. Volwiler Trustee 4090 Lea Marie Island Drive Port Charlotte FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM George A. Winslow P.O. Box 512116 Punta Gorda, FL 33951-2116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Randall F. Dunn, Trustee 2211 Bermuda Street Port Charlotte FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Richard A. Page 2425 Sagota Street Port Charlotte FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Pete A. Greenberg 4581 Grassy Point Boulevard Port Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" 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: _____		2-13-06		941-639-1158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

ATTACHMENT

20009120

#L0500002777

MGRM
Soca Properties, LLC
3769 Stewart Avenue
Coconut Grove, FL 33133

Addition

MGRM
Strickler-Myers, LLC
56 Colony Point Drive
Punta Gorda, FL 33950

Addition