

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000027777 1. Entity Name RIVERSTONE PROPERTY, LLC	
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Principal Place of Business 6330 RIVERSIDE PUNTA GORDA, FL 33982	Mailing Address PO BOX 511238 PUNTA GORDA, FL 33951-1238
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DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2533037	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARR, DAROL H.M. ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950	DO NOT WRITE IN THIS SPACE
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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.

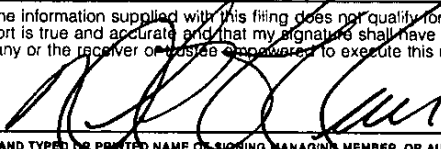
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, DARUL H.M 6330 RIVERSIDE DR PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELWILER, LARRY D TR 4090 LEA MARIE ISLAND DR PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINSLOW, GEORGE A PO BOX 512116 PUNTA GORDA, FL 339512116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, RANDALL F TR 2211 BERMUDA ST PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGE, RICHARD A 2425 BOGOTA ST PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENBERG, DALE A 4581 GRASSY POINT BLVD PORT CHARLOTTE, FL 33980

**DO NOT WRITE
IN THIS SPACE**

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: 	1-15-08	941-639-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #