

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000034458

1. Entity Name  
RIVER PINE ESTATES, LLC



Principal Place of Business  
3383 FOXCROFT CIRCLE  
OVIEDO, FL 32765

Mailing Address  
3383 FOXCROFT CIRCLE  
OVIEDO, FL 32765

BK

**FILED**  
07 MAY -4 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number  
75-3191829

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVE., SUITE 1000 (SJZ)  
ORLANDO, FL 32801-5403

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOFER, ROBERT J  
3388 FOXCROFT CIRCLE  
OVIEDO, FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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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: *[Signature]* **Ann M. Warfield, Esq. Auth. Rep. Apr. 30, 2007 407/423-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #