## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000034458

1. Entity Name

RIVER PINE ESTATES, LLC



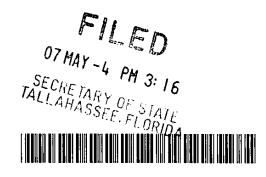
Principal Place of Business

3383 FOXCROFT CIRCLE OVIEDO, FL 32765

Mailing Address

3383 FOXCROFT CIRCLE OVIEDO, FL 32765





01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
75-3191829		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional equired

6. Name and Address of Current Registered Agent

R PRINTED NAME

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

## DO NOT WRITE IN THIS SPACE

Apr. 30,2007

Date

407/423-3200

Daytime Phone #

<ol> <li>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.</li> </ol>			
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
Fi D	ling Fee Is \$50.00 ue 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	<b>E</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		700101970057 05/09/0701044012 **50.00	
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	
TITLE NAME STREET ADDRESS CITY <sub>E</sub> -ST-ZIP			
indicated	on this report is true and accurate and that my signature st	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.	

Mann M. Warfield, Esq. Auth. Rep.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE