

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90035 017 \*\*\*\*50.00

<b>DOCUMENT # L05000037158</b>	
1. Entity Name <b>RIVERWALK FLORIDA, LLC</b>	



Principal Place of Business <b>224 FOUR SEASONS BLVD HEMET, CA 92545</b>	Mailing Address <b>224 FOUR SEASONS BLVD HEMET, CA 92545</b>
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2. Principal Place of Business - No P.O. Box # <b>19 N. Blvd of the Presidents</b>		3. Mailing Address <b>19 N Blvd of the Presidents</b>	
Suite, Apt. #, etc. <b>Ste 605</b>		Suite, Apt. #, etc. <b>Ste 605</b>	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>	
Zip <b>34236</b>	Country <b>Sarasota</b>	Zip <b>34236</b>	Country <b>Sarasota</b>

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2739565</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>SILBERSTEIN, DAVID M 720 S. ORANGE AVENUE SARASOTA, FL 34236</b>	
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7. Name and Address of New Registered Agent Name <b>David M. Silberstein</b> Street Address (P.O. Box Number is not acceptable) <b>The Plaza Bldg 50 Central Ave Ste #700</b> City <b>Sarasota</b> FL Zip Code <b>34236</b>	
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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 \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAL-FLORIDA INVESTMENTS, LLC 224 FOUR SEASONS BLVD HEMET, CA 92545	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVERWALK REAL ESTATE COMPANY, LLC 3100 MONTICELLO AVENUE, SUITE 260 DALLAS, TX 75205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUMMER LAND, LLC 19 N BOULEVARD OF THE PRESIDENTS #605 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: Brian Merritt 3/27/07 941-955-2124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #