2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L05000051701

1. Entity Name RIO DEVELOPERS, LLC



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

100 SW ALBANY AVE.

SUITE 110 STUART, FL 34994 US Mailing Address

100 SW ALBANY AVE. SUITE 110

STUART, FL 34994



04292008No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	01-0640262	[Not Applicable
5.	Certificate of Status Desired	•	Additional equired

6. Name and Address of Current Registered Agent

UNIVERSAL DEVELOPMENT OF FLORIDA, LLC 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994

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	pove named entity submits this statement for the purpose of cha ligations of registered agent.	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept				
SIGNATU	BF						
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	DATE				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGRM						
_							

UNIVERSAL DEVELOPMENT OF FLORIDA, LLC NAME STREET ADDRESS 100 SW ALBANY AVE., SUITE 110 CITY-ST-ZIP STUART, FL 34994 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000943941 05/29/08-80080-011 138.75

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11. I hereby certify that the information supplied with this filing elbes 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 the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on the information indicated indicated on the information indicated on the information indicated on the information indicated on the information indicated on

SIGNATURE:

HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR F SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE