FILED
May 01, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000067962

1. Entity Name
RIVERLAND TITLE SERVICES, LLC

Principal Place of Business	Mailing Address
723 EAST WADE ST. TRENTON, FL 32693	723 EAST WADE ST. TRENTON, FL 32693

DO NOT WRITE IN THIS SPACE

05012006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3160883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VICKERS, JAMES W
3603 NORTH WEST 53RD TERRACE
GAINESVILLE, FL 32606

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

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEAVER, DEVON
STREET ADDRESS	5590 SOUTHWEST COUNTY ROAD 307
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	VICKERS, JAMES W
STREET ADDRESS	3603 NORTHWEST 53RD TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/17/06-80078-010 50.00

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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: Devon Weaver, Manager 4/28/06 352-463-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #