
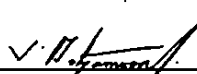


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90071 025 \*\*\*\*50.00

<b>DOCUMENT # L05000078657</b> 1. Entity Name <b>RIVERVIEW PROFESSIONAL CENTER, L.L.C.</b>					
Principal Place of Business <b>3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210</b>			Mailing Address <b>3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2638303</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARTYAMSOAL, VINAI 3633 CORTEZ ROAD WEST, UNIT B-3 BRADENTON, FL 34210</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete <b>Vinai Artyamsoal 3633 Cortez Rd.W.,Unit B-3 Bradenton,FL 34210</b>		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	
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.					
<b>SIGNATURE:</b> 			<b>1-20-06</b>		<b>941-7564848</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

ATTACHMENT

30001396  
#L05000078657

<b>ALLSTATE REALTY ASSOCIATES</b> 3633 CORTEZ RD. W. 941-756-4848 BRADENTON, FL 34210		8240
DATE <u>January 20, 2006</u>		63-1262/631 05
PAY TO THE ORDER OF <u>Florida Department of State</u>	\$ ***50.00***	
*****FIFTY DOLLARS-----00/100*****		DOLLARS
<b>1st National Bank &amp; Trust</b> 8425 US Hwy 301 N Parrish, FL 34219 941-747-6641 www.1stnb.com		VOID AFTER 60 DAYS
Document # L05000078657		
FOR <u>2006 Annual Report: Riverview Professional Center, L.L.C.</u>		
⑈008240⑈ ⑈063112621⑈ 32582101⑈		

This check have sent since 1-24-06

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b> TALLAHASSEE, FL 32314	
Postage	\$ 10.39
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 14.64
Sent to Division of Corporations Street, Apt. No. or PO Box No. P.O. BOX 6478 City, State, ZIP+4 Tallahassee, FL 32314	
PS Form 3800, June 2002 See Reverse for Instructions	

7004 0750 0003 0232 8676

0185  
0641 Postmark  
JAN 2006  
USPS 34222



ATTACHMENT  
30001396

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2006

RIVERVIEW PROFESSIONAL CENTER, L.L.C.  
3633 CORTEZ ROAD WEST, UNIT B-3  
BRADENTON, FL 34210

Subject: RIVERVIEW PROFESSIONAL CENTER, L.L.C.

Reference Number:

L05000078657

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION