

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000079337

1. Entity Name
RIVER RESERVE INVESTORS, LLC



Principal Place of Business

303 9TH STREET WEST
SUITE 201
BRADENTON, FL 34205 US

Mailing Address

303 9TH STREET WEST
SUITE 201
BRADENTON, FL 34205 US

DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3287978

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, STEVE E
303 9TH STREET WEST
SUITE 201
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUMMERS, STEVE E
303 9TH STREET WEST, SUITE 201
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUSKIRK, FRANK A
303 9TH STREET WEST, SUITE 201
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000698115
04/18/07-80067-017 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____