

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 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



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3287978	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910135
05/06/08-80098-012 138.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

4/16/08

Date

Daytime Phone #