

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093202

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** RIVERKING LLC

**Current Principal Place of Business:**

800 N. MAGNOLIA AVENUE  
SUITE 203  
ORLANDO, FL 32803

**New Principal Place of Business:**

1730 SOUTH BUMBY AVENUE  
ORLANDO, FL 32806 US

**Current Mailing Address:**

800 N. MAGNOLIA AVENUE  
SUITE 203  
ORLANDO, FL 32803

**New Mailing Address:**

4407 BEE CAVES RD  
SUITE 320  
AUSTIN, TX 78746 US

**FEI Number:** 01-0845738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALVERT, JOHN M PRES  
800 N. MAGNOLIA AVENUE  
SUITE 203  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

CALVERT, JOHN M PRES  
1730 SOUTH BUMBY AVENUE  
ORLANDO, FL 32806 US

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.

**SIGNATURE:**

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P ( ) Delete  
**Name:** BUMBY DEVELOPMENT GROUP, INC  
**Address:** 800 N. MAGNOLIA AVENUE, SUITE 203  
**City-St-Zip:** ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

**Title:** P (X) Change ( ) Addition  
**Name:** BUMBY DEVELOPMENT GROUP, INC  
**Address:** 1730 SOUTH BUMBY AVENUE  
**City-St-Zip:** ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** JOHN M. CALVERT

PRES

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date