

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90064 036 \*\*\*138.75

**DOCUMENT # L05000094245**

1. Entity Name  
RIVER OAKS 50, LLC



Principal Place of Business  
6121 RIVERSHORE COURT  
NORTH FORT MYERS, FL 33917

Mailing Address  
P.O. BOX 548  
ESTERO, FL 33928

60001001



**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-3527985

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOOLIHAN, THOMAS P  
8001 VINTAGE PKWY  
FORT MYERS, FL 33912

**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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME HOOLIHAN, THOMAS P JR  
STREET ADDRESS 6121 RIVERSHORE COURT  
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

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CITY-ST-ZIP

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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:** \_\_\_\_\_

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

Date

Daytime Phone #