2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A]
Secretary of State

DOCUMENT # L05000097643

1. Entity Name
RIVERSIDE CENTER, LLC

Principal Place of Business	Mailing Address
12065 METRO PKWY., SUITE 101 FT MYERS, FL 33912	12065 METRO PKWY., SUITE 101 FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

03282008No Chg-LLC CR2E083 (12/07)

4. FEI Number
84-1691514

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MASSIE, CHARLES A
12065 METRO PKWY., SUITE 101
FT MYERS, FL 33912

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000874021
04/10/08-80102-015 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CHAMBER, DENISE
STREET ADDRESS	804 CAPE VIEW DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	MGRM
NAME	ROWE, RICHARD
STREET ADDRESS	804 CAPE VIEW DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	MGRM
NAME	COLLINS, MICHAEL DR.
STREET ADDRESS	7244 HEAVEN LANE
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	MGRM
NAME	COLLINS, KRISTEN
STREET ADDRESS	7244 HEAVEN LANE
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	MGRM
NAME	LAQUIS, STEPHEN DR.
STREET ADDRESS	19846 MARKWARD CROSSING
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	MGRM
NAME	LAQUIS, NICOLE
STREET ADDRESS	19846 MARKWARD CROSSING
CITY-ST-ZIP	ESTERO, FL 33928

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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: _____ 3/27/08 239-247-2868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #