

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097643

FILED
Feb 09, 2009
Secretary of State

Entity Name: RIVERSIDE CENTER, LLC

Current Principal Place of Business:

12065 METRO PKWY., SUITE 101
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

12065 METRO PKWY., SUITE 101
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 84-1691514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAMBER, DENISE
Address: 804 CAPE VIEW DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM () Delete
Name: ROWE, RICHARD
Address: 804 CAPE VIEW DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM () Delete
Name: COLLINS, MICHAEL DR.
Address: 7244 HEAVEN LANE
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM () Delete
Name: COLLINS, KRISTEN
Address: 7244 HEAVEN LANE
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM () Delete
Name: LAQUIS, STEPHEN DR.
Address: 19846 MARKWARD CROSSING
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: LAQUIS, NICOLE
Address: 19846 MARKWARD CROSSING
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHAMBRE, DENISE
Address: 804 CAPE VIEW DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENISE CHAMBRE

MGR

02/09/2009

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