## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000103110

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

NORTH PALM BEACH, FL 33410 US

BENINCASA, CHERYL

705 VOYAGER LANE

Entity Name: RIVER PALMS DEVELOPMENT LLC

FILED Jul 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
992 TAMIAMI TRAIL - UNIT A PORT CHARLOTTE, FL 33953 US	
Current Mailing Address:	New Mailing Address:
992 TAMIAMI TRAIL - UNIT A PORT CHARLOTTE, FL 33953 US	705 VOYAGER LANE NORTH PALM BEACH, FL 33410 US
FEI Number: 20-4101054 FEI Number Applied For ( ) FEI Nu In accordance with s. 607.193(2)(b), F.S., the limited liability company did Name and Address of Current Registered Agent:	mber Not Applicable() Certificate of Status Desired (X) not receive the prior notice.  Name and Address of New Registered Agent:
BENINCASA, CHERYL 992 TAMIAMI TRAI - UNIT A PORT CHARLOTTE, FL 33953 US	BENINCASA, CHERYL 705 VOYAGER LANE NORTH PALM BEACH, FL 33410 US
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both
SIGNATURE: CHERYL BENINCASA	07/16/2007
Electronic Signature of Registered Agent	Date
MANAGING MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title: MGRM ( ) Delete Name: AMERICAN INVEST LC, Address: 992 TAMIAMI TRAIL - UNIT A City-St-Zip: PORT CHARLOTTE, FL 33953 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM () Delete Name: BENINCASA ENTERPRISE, S LLC Address: 705 VOYAGER LANE City-St-Zip: NORTH PALM BEACH, FL 33410 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM () Delete Name: CHADBOURNE, KENNETH	Title: ( ) Change ( ) Addition

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: CHERYL BENINCASA MRS. 07/16/2007