

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007288

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: RIVERSIDE SQUARE, LLC

## Current Principal Place of Business:

4 SAWGRASS VILLAGE  
SUITE 240F  
PONTE VEDRA BEACH, FL 32082 US

## New Principal Place of Business:

1649 ATLANTIC AVE  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

4 SAWGRASS VILLAGE  
SUITE 240F  
PONTE VEDRA BEACH, FL 32082 US

## New Mailing Address:

PO BOX 1975  
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 20-4736031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C. WILLIAM CURTIS, III, P.A.  
2107 HENDRICKS AVENUE  
2ND FLOOR  
JACKSONVILLE, FL 32207 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: MGRM ( ) Delete  
Name: PHILIP RICHIE KEEFER, , TRUSTEE  
Address: 535 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: KARL G. ESTES, TRUST, EE  
Address: 945 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: BDL, LLC,  
Address: 200 NORTHWIND COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: MILES, JAY H III  
Address: 408 SEA SPRAY LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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: MGRM ( ) Change (X) Addition  
Name: RUBIN, I M  
Address: PO BOX 1975  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

I hereby certify that the information supplied with this filing does not qualify for the 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: I M RUBIN

MGRM

04/23/2007

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