
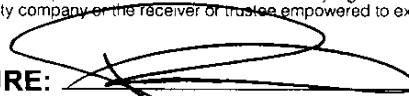


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90228 003 ***138.75

DOCUMENT # L06000017189					
1. Entity Name RIVER REST, L.L.C.					
Principal Place of Business 2833 PHEASANT DRIVE PALM HARBOR, FL 34683		Mailing Address 2833 PHEASANT DRIVE PALM HARBOR, FL 34683			
2. Principal Place of Business - No P.O. Box # 2239 Old Gunn Hwy		3. Mailing Address 5364 Ehrlich Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 356			
City & State Odessa FL		City & State Tampa FL		4. FEI Number 20-4149408	
Zip 33556		Country Pasco		Country Hillsborough	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BRAND, LEE L 2239 OLD GUNN HWY ODESSA, FL 33556		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State.			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFISTER, JOHN C		NAME	Pfister, John C	
STREET ADDRESS	3438 CHAPEL CREEK CIRCLE		STREET ADDRESS	19807 Pine Tree Rd	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP	Odessa, FL 33556	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFISTER, LINDA E		NAME	Pfister, Linda E	
STREET ADDRESS	3438 CHAPEL CREEK CIRCLE		STREET ADDRESS	19807 Pine Tree Rd	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP	Odessa, FL 33556	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFISTER, LANE A		NAME		
STREET ADDRESS	19807 PINE TREE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFISTER, LAUIRE M		NAME		
STREET ADDRESS	19807 PINE TREE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAND, LEE L		NAME	Brand, Lee L.	
STREET ADDRESS	2833 PHEASANT DRIVE		STREET ADDRESS	2239 Old Gunn Hwy	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Odessa, FL 33556	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO, FARIDE		NAME	Trujillo, Faride	
STREET ADDRESS	2833 PHEASANT DRIVE		STREET ADDRESS	2239 Old Gunn Hwy	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Odessa, FL 33556	
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: 			Date: 4/14/08 Daytime Phone #: 727-455-1163		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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