2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000017189

Entity Name: RIVER REST, L.L.C.

Current Principal Place of Business:

2239 OLD GUNN HWY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

5364 EHRLICH RD PMB 356
TAMPA, FL 33624

New Mailing Address:

FEI Number: 20-4149408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAND, LEE L
2239 OLD GUNN HWY
ODESSA, FL 33556 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:	PFISTER, JOHN C	
Address:	19807 PINE TREE RD	
City-St-Zip:	ODESSA, FL 33556	
Title:	MGRM	( ) Delete
Name:	PFISTER, LINDA E	
Address:	19807 PINE TREE RD	
City-St-Zip:	ODESSA, FL 33556	
Title:	MGRM	( ) Delete
Name:	PFISTER, LANE A	
Address:	19807 PINE TREE ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	MGRM	( ) Delete
Name:	PFISTER, LAUIRE M	
Address:	19807 PINE TREE ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	MGRM	( ) Delete
Name:	BRAND, LEE L	
Address:	2239 OLD GUNN HWY	
City-St-Zip:	ODESSA, FL 33556	

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:	( ) 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: LEE L. BRAND PRES 04/15/2009

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