2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUN 1. Entity Name RVW HOL	691					04-26-2007	90033 0	42 ****5	0.00	
Principal Place 11900 LACY L FT. MYERS, FL	LANE	Mailing Address 11900 LACY LANE FT. MYERS, FL 33912								
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address			~					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01192007	Chg-LLC	CR2E08	33 (12/06)	
City & State		City & State			4. FEI Numbe	20-4463	598	<u> </u>	plied For t Applicable	
Zíp	Country	Zip	Count	ry	·	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New Re	gistered A	gent	-
VILLANO, CHRISTOPHER				Name						
11900 LAC				Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
				City					Zip Code	9
				•				FL		
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registere	ed office or a	register	ed agent, or bot	th, in the State of Flor	rida. Lam fa	amiliar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	1 Agent signatur	beriuper er	when reinstating)		DATE		
. Fil						Make check payable to Florida Department of State				
Du	ling Fee is \$50.00 se by May 1, 2007							•	-	?
		RS/MANAGERS	10,				Florida	Departme	-	•
9 TITLE NAME STREET ADDRESS CITY-ST-ZIP	ling Fee is \$50.00 se by May 1, 2007 MANAGING MEMBE	RS/MANAGERS			82	in A. Wi	ADDITIONS/O ander re Avenue	Departme	-	X Addition
9. TITLE NAME STREET ADDRESS			TITLE NAME STREE CITY TITLE NAME	ET ADDRESS -ST-ZIP	Joh 82 Sou MGR Chr 899 For	nn A. Wi Berkshin uthwick, M Sistophen O Paseo of Myers	ADDITIONS/Or I. Villar De Valenc	Departme CHANGES no ia Str	Change	
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John A. Wilander John J. Wilander Signature and typed or printed name of signing managing member, manager, of authorized representative

Witar de

4-20-07

(413) 569-5585

Daytime Phone #