2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000028026

RIVERVIEW LAKES, LLC

Principal Place of Business



Mailing Address

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

500 N. WESTSHORE BLVD. 500 N. WESTSHORE BLVD. SUITE 800 SUITE 800 TAMPA, FL 33609 US

TAMPA, FL 33609

FILED Apr 21, 2008 08:00 Al Secretary of State



04162008 No Chg-LLC

4)16/08

913.514-1134

Daytime Phone #

CR2E083 (12/07)

4.	FEI Number 20-4556497			Applied For
	20-4000497			Not Applicable
5.	Certificate of Status Desired	\$5.0	_	Additional

6. Name and Address of Current Registered Agent

MERRILL, RANDOLPH S 500 N. WESTSHORE BLVD. SUITE 800 TAMPA, FL 33609

the obligations of registered agent

SIGNATURE:

SIGNATURE.

DO NOT WRITE IN THIS SPACE

	Signature: Typed or printert name of registered agent and title if applicable	(NOTF, Registered Agent signature required when reinstating)	DATE			
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00800910875 05/07/08-80008-020 138.75			
9.	MANAGING MEMBERS/MANAGERS					
HILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL, RANDOLPH S 500 N. WESTSHORE BLVD, SUITE 800 TAMPA, FL 33609					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE			
1:11E NAME STREET ADDRESS CITY-ST-ZIP			. '			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 imited liability company or 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 imited liability company or 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						

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