


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90142 008 ****55.00

DOCUMENT # L06000044359	
1. Entity Name RIVERS CONSTRUCTION LLC	

Principal Place of Business 8990 NW 111TH LANE CHIEFLAND, FL 32626	Mailing Address 8990 NW 111TH LANE CHIEFLAND, FL 32626
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address PO Box 1369 Suite, Apt. #, etc.
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City & State Chiefland	City & State Chiefland FL
Zip 32644	Country FL



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4786326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPEANO, LAURA 8990 NW 111TH LANE CHIEFLAND, FL 32626	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Chiefland 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 *Laura A. Tropeano* **LAURA A. TROPEANO** **3/18/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERS, GREGORY 8990 NW 111TH LANE CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Chiefland
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROPEANO, LAURA 8990 NW 111TH LANE CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Chiefland
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gregory P. Rivers* **Gregory P. Rivers** **3/18/07** **463-8155**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #