

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-21-2007 90160 003 ****50.00

DOCUMENT # L06000054259	
1. Entry Name RIO STONE, LLC	

Principal Place of Business 100 WEST LIVINGSTON STREET ORLANDO, FL 32801	Mailing Address 100 WEST LIVINGSTON STREET ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4990301	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HARMENING, W A II 100 WEST LIVINGSTON STREET ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
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.

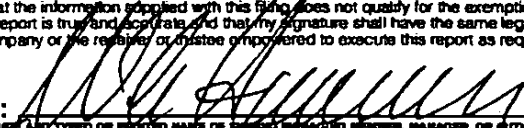
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARMENING, W. A II 100 WEST LIVINGSTON STREET ORLANDO, FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/8/07**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # _____