

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054934

Entity Name: THE RIVER VIEWS, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

233 SW 3RD STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1956
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 03-0593334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, C. RAY III
233 SW 3RD STREET
OCALA, FL 34474 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: GREENE, C. RAY III
Address: P O BOX 1956
City-St-Zip: Ocala, FL 34478 US

Title: MGRM () Delete
Name: GREENE, JACK A
Address: P O BOX 1956
City-St-Zip: Ocala, FL 34478 US

Title: MGRM () Delete
Name: SEYLER, EDWARD K
Address: P O BOX 1956
City-St-Zip: Ocala, FL 34478 US

Title: MGRM () Delete
Name: GREENE, WILLIAM B SR.
Address: P O BOX 1956
City-St-Zip: Ocala, FL 34478 US

Title: MGRM () Delete
Name: RAY, JAMES
Address: P O BOX 1956
City-St-Zip: Ocala, FL 34478 US

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: C. RAY GREENE, III

MGRM

03/24/2009

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