

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054934

Entity Name: THE RIVER VIEWS, LLC

FILED  
Apr 12, 2011  
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  
Name: GREENE, C. RAY III  
Address: P O BOX 1956  
City-St-Zip: Ocala, FL 34478 US

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

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

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

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

Title: MGRM  
Name: GREENE, SUE  
Address: P O BOX 1956  
City-St-Zip: Ocala, FL

I hereby 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: SUE GREENE

MGRM

04/12/2011

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