

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081798

FILED
Apr 23, 2008
Secretary of State

Entity Name: RIVER OAKS PROPERTIES, LLC

Current Principal Place of Business:

2902 TIMBER KNOLL DRIVE
VALRICO, FL 33594

New Principal Place of Business:

2902 TIMBER KNOLL DRIVE
VALRICO, FL 33596

Current Mailing Address:

2902 TIMBER KNOLL DRIVE
VALRICO, FL 33594

New Mailing Address:

2902 TIMBER KNOLL DRIVE
VALRICO, FL 33596

FEI Number: 20-5566123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569 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: WIMBERLY, JOHN O
Address: 2902 TIMBER KNOLL DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: WIMBERLY, SHARON A
Address: 2902 TIMBER KNOLL DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WIMBERLY, JOHN O
Address: 2902 TIMBER KNOLL DRIVE
City-St-Zip: VALRICO, FL 33596

Title: MGRM (X) Change () Addition
Name: WIMBERLY, SHARON A
Address: 2902 TIMBER KNOLL DRIVE
City-St-Zip: VALRICO, FL 33596

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: SHARON A. WIMBERLY

MGRM

04/23/2008

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