

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096068

FILED
Jan 15, 2008
Secretary of State

Entity Name: RIVERSIDE RESIDENTIAL SERVICES, LLC

Current Principal Place of Business:

12653 S.W. COUNTY ROAD 769, SUITE A
LAKE SUZY, FL 34269

New Principal Place of Business:

Current Mailing Address:

12653 S.W. COUNTY ROAD 769, SUITE A
LAKE SUZY, FL 34269

New Mailing Address:

FEI Number: 20-5706961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANT, STEVEN D
12653 S.W. COUNTY ROAD 769, SUITE A
LAKE SUZY, FL 34269 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: GANT, STEVEN D
Address: 12653 S.W. COUNTY ROAD 769, SUITE A
City-St-Zip: LAKE SUZY, FL 34269

Title: MGRM () Delete
Name: RICHARDSON, W. ANDY
Address: 12653 S.W. COUNTY ROAD 769, SUITE A
City-St-Zip: LAKE SUZY, FL 34269

Title: MGRM () Delete
Name: MCQUEEN, JOHN H
Address: 12653 S.W. COUNTY ROAD 769, SUITE A
City-St-Zip: LAKE SUZY, FL 34269

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:

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: JOHN MCQUEEN

MR

01/15/2008

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