


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90229 003 \*\*\*\*50.00

|  |  |                     |   |   |  |
|--|--|---------------------|---|---|--|
| <b>DOCUMENT # L06000099335</b><br>1. Entity Name<br><b>RIVERTON PLAYGROUND THEATRE, LLC</b>  |  |                     |   |                      |  |
| Principal Place of Business<br><b>667 LAMOKA COURT</b><br><b>WINTER SPRINGS, FL 32708 US</b>   |  |                     |   | Mailing Address<br><b>667 LAMOKA COURT</b><br><b>WINTER SPRINGS, FL 32708 US</b>                      |  |
| 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   | 02122007 Chg-LLC CR2E083 (12/06)  |  |
| 4. FEI Number  |  |                     |   | <input checked="" type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |   | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NEAL, DENNIS</b><br><b>667 LAMOKA COURT</b><br><b>WINTER SPRINGS, FL 32708</b>   |  |                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |                     |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |                     |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS / MANAGERS   |  |                     | 10. ADDITIONS / CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>NEAL, DENNIS<br>667 LAMOKA COURT<br>WINTER SPRINGS, FL 32708<br><input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                     |   |   |  |
| <b>SIGNATURE:</b> <i>Dennis Neal</i>   |  |                     | <i>April 4, 07</i> <b>407-701-1348</b>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |                     |   |   |  |