

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102284

Entity Name: RIVER VIEW CABINS LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

9125 CHARLES LIMPUS RD
ORLANDO, FL 32836 US

New Principal Place of Business:

Current Mailing Address:

9125 CHARLES LIMPUS RD
ORLANDO, FL 32836 US

New Mailing Address:

FEI Number: 56-2619490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PYLE, WILLIAM K
9125 CHARLES LIMPUS RD
ORLANDO, FL 32836 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: PYLE, WILLIAM K
Address: 9125 CHARLES LIMPUS RD
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM () Delete
Name: PYLE, SHEILA C
Address: 9125 CHARLES LIMPUS RD
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES:

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: WILLIAM K PYLE

MGRM

05/01/2008

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