


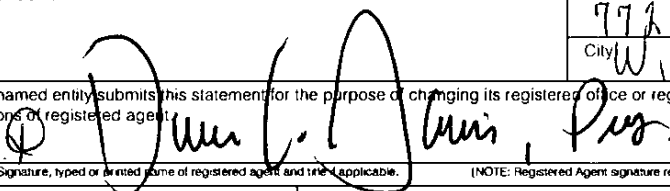
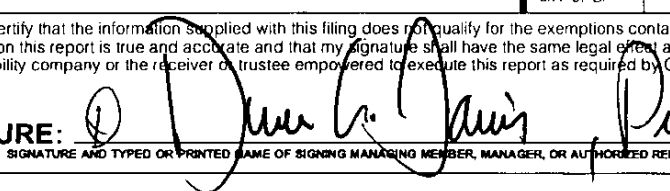
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90066 004 ***138.75

60005141



DOCUMENT # L07000008100			
1. Entity Name RIVERCARD, LLC			
Principal Place of Business 7722 STATE ROAD 544 EAST WINTER HAVEN, FL 33845		Mailing Address 7722 STATE ROAD 544 EAST WINTER HAVEN, FL 33845	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7722 State Road 544 East	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 215	
City & State		City & State Winter Haven, FL	
Zip	Country	Zip	Country
		33881	USA
4. FEI Number 87-0794440		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIPPEN, JOSEPH F ESQ. 10225 ULMERTON ROAD, BUILDING 11 LARGO, FL 33771		7. Name and Address of New Registered Agent Name: Bruce A. Davis Street Address (P.O. Box Number is Not Acceptable): 7722 SR 544 East, Ste 215 City: Winter Haven FL Zip Code: 33881	
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: 		DATE: 1/29/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, BRUCE 7722 STATE ROAD 544 EAST WINTER HAVEN, FL 33845 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, RALPH 7722 STATE ROAD 544 EAST WINTER HAVEN, FL 33845 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: 		DATE: 1/29/08 863/422-1713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	