

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012780

Entity Name: RIVER VENTURES LLC

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

6762 PAUL MAR DR.
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

6762 PAUL MAR DR.
LANTANA, FL 33462

New Mailing Address:

FEI Number: 56-2643716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BINNIX, ROBERT
6762 PAUL MAR DR.
LANTANA, FL 33462 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: BINNIX, ROBERT
Address: 6762 PAUL MAR DR
City-St-Zip: LANTANA, FL 33462

Title: MGRM () Delete
Name: BINNIX, NANCY
Address: 6762 PAUL MAR DR
City-St-Zip: LANTANA, FL 33462

Title: MGRM () Delete
Name: KEPPLER, TERRANCE
Address: 2966 GARVEY BRIDGE RD.
City-St-Zip: CRUMPLER, NC 28617

Title: MGRM () Delete
Name: KEPPLER, SUSAN
Address: 2966 GARVEY BRIDGE RD.
City-St-Zip: CRUMPLER, NC 28617

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:

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: NANCY BINNIX

MGR

04/16/2008

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