

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000013787

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** THE RIVERS VIEW HOTEL. LLC

**Current Principal Place of Business:**

812 NORTH 4TH STREET  
BRUCE, WI 54819 US

**New Principal Place of Business:**

**Current Mailing Address:**

812 NORTH 4TH STREET  
BRUCE, WI 54819 US

**New Mailing Address:**

**FEI Number:** 26-3242470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMARDZICH, ALEXANDER  
1126 SHIPWATCH DR  
JACKSONVILLE, FL 32225 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  
**Name:** CSG HOTEL PARTNERS, LLC  
**Address:** 13133 PROFESSIONAL DR., SUITE 200  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** MGRM  
**Name:** SEBASTIAN HOTEL, LLC  
**Address:** 812 NORTH 4TH STREET  
**City-St-Zip:** BRUCE, WI 54819 US

**Title:** MGRM  
**Name:** SAMARDZICH, ALEXANDER  
**Address:** 812 NORTH 4TH STREET  
**City-St-Zip:** BRUCE, WI 54819 US

I hereby 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:** ALEXANDER SAMARDZICH

MGRM

04/25/2010

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