


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000022590	
1. Entity Name RIVERRUN, LLC	

Principal Place of Business 1800 W. HIBISCUS BLVD., SUITE 131 MELBOURNE, FL 32901	Mailing Address 1800 W. HIBISCUS BLVD., SUITE 131 MELBOURNE, FL 32901
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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6. Name and Address of Current Registered Agent  LOWMAN, WILLIAM R JR ESQ SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name: <b>PETER D. WOODS</b> Street Address (P.O. Box Number is Not Acceptable)  City: <b>FL</b> Zip Code	
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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: <i>Peter D. Woods</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODS, PETER D 1800 W. HIBISCUS BLVD., SUITE 131 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400136270504</b> <b>09/23/08--01048--011 **138.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Peter D. Woods</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: <b>8/28/08</b> (321) 728-4700 Daytime Phone #

**FILED**  
2008 SEP 19 P 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
  
07102008 Chg-LLC CR2E083 (12/06)