

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044954

FILED
Feb 19, 2009
Secretary of State

Entity Name: RIVERPLACE PARTNERS, LLC

Current Principal Place of Business:

8102 LEMONT ROAD, SUITE 1300
WOODRIDGE, IL 60517

New Principal Place of Business:

1111 BURLINGTON AVE
SUITE 107
LISLE, IL 60532

Current Mailing Address:

8102 LEMONT ROAD, SUITE 1300
WOODRIDGE, IL 60517

New Mailing Address:

1111 BURLINGTON AVE
SUITE 107
LISLE, IL 60532

FEI Number: 26-0595417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, LAURA E
330 CLEMATIS STREET, SUITE 217
WEST PALM BEACH, FL 33401 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: HELWIG, WILLIAM F
Address: 8102 LEMONT ROAD, SUITE 1300
City-St-Zip: WOODRIDGE, IL 60517

Title: MGRM () Delete
Name: MCWILLIAMS, THOMAS
Address: 8102 LEMONT ROAD, SUITE 1300
City-St-Zip: WOODRIDGE, IL 60517

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HELWIG, WILLIAM F
Address: 1111 BURLINGTON AVE SUITE 107
City-St-Zip: LISLE, IL 60532

Title: MGRM (X) Change () Addition
Name: MCWILLIAMS, THOMAS
Address: 1111 BURLINGTON AVE SUITE 107
City-St-Zip: LISLE, IL 60532

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 F. HELWIG, JR.

M M

02/19/2009

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