

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-23-2008 90023 047 ***138.75

DOCUMENT # L07000057442			
1. Entity Name SSGP RIVERPOINTE HOLDINGS, LLC			
Principal Place of Business 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207		Mailing Address 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # Suite 1300		3. Mailing Address Suite 1300	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0269197		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 L MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name: Dodd, Harold B. Street Address (P.O. Box Number is Not Acceptable) 841 Prudential Drive, Suite 1300 City: Jacksonville FL Zip Code: 32207	
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>Harold Dodd</i>		DATE: _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Principal Harold Dodd 841 Prudential Dr #1300 JACKSONVILLE, FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: <i>Harold Dodd</i>		DATE: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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