2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000058069



FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90025 019 ***138 75

1. Entity Name RIALTO REAL ESTATE VENTURES, LLC					i .	03 0 1 2 000 90	023 019	150	.,,	
Principal Place of Business		Mailing Address		1	กกรรแบร					
301 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756 US		301 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756 US		b	0037008					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC	CR2E08	3 (12/0	6)		
City & Sta	ate	City & State			4. FEI Numbe	er 2020 - >			Applied For	
					26-0	393920			Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		55.00 A ee Requ	Additional iired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
SMITH, MARK				ame						
301 SOUT	TH MISSOURI AVENUE ATER, FL 33756		Street Address ((P.O. Box Number is Not Acceptable)				
CLEARV	AIEK, FL 33/50							,		
ŀ	:		City				FL	Zip C	ode	
8. The above	e named entity submits this statement fations of registered agent.	or the purpose of changing it	its registered o	ffice or registe	red agent, or bo	th, in the State of Flo	rida. I am fa	ımiliar wi	th, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OTE: Registered Age	nt signature required	d when reinstating)		DATE			
	· · ·				1					
FILE NOW!!! FEE IS \$138.75					Make check payable to					
After Ma	y 1, 2008 Fee will be \$538.7	5				Florida	Departme	nt of St	ate	
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR '\'	☐ Delete	TITLE	1		ADDITIONS)		☐ Chano	ne 🗍 Addition	
NAME	SMITH, MARK	D510.0	NAME							
STREET ADDRESS	301 SOUTH MISSOURI AVENU	E	STREET AD	DRESS						
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-2	(IP						
TITLE	MGR	☐ Delete	TITLE	İ				☐ Chang	ge 🔲 Addition	
NAME	SCHAIBLE, JOHN		NAME							
C10551 4000500	204 COUTH MICCOURT AVENU	_								

301 SOUTH MISSOURI AVENUE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE SCHAIBLE, JOE NAME NAME 301 SOUTH MISSOURI AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/25/08

Daytime Phone #