# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/5

**FILED**
**May 29, 2008 8:00 am**
**Secretary of State**

05-05-2008 90041 046 ***138.75

30007980

04302008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000060658

1. Entity Name
RIVLAND INVESTORS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 12438 WEST SR 238<br>LAKE BUTLER, FL 32054 | P.O. BOX 657<br>LAKE BUTLER, FL 32054 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2806 W US 90 | PO BOX 3659 |
| Suite, Apt. #, etc.: SUITE 101 | Suite, Apt. #, etc.: |
| City & State: LAKE CITY FL | City & State: LAKE CITY FL |
| Zip: 32055 Country: USA | Zip: 32056 Country: USA |

4. FEI Number: 26-0378165 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PEELE, S. AUSTINE<br>285 NORTHEAST HERNANDO AVE.<br>LAKE CITY, FL 32055 | Name:<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: FL Zip Code: |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RIVERS, SCOTT<br>P.O. BOX 657<br>LAKE BUTLER, FL 32054<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR M<br>DANIEL CRAPPS<br>PO BOX 3659<br>LAKE CITY FL 32056<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 608, Florida Statutes.

**SIGNATURE:** DANIEL CRAPPS MANAGER 4/30/08 386 755-5710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #