2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90041 046 ***138.75

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04302008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000060658

1. Entity Name
RIVLAND INVESTORS, LLC

Principal Place of Business	Mailing Address
12438 WEST SR 238 LAKE BUTLER, FL 32054	P.O. BOX 657 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 285 NORTHEAST HERNANDO AVE. LAKE CITY, FL 32055	Name Street Address (P.O. Box Number is Not Acceptable) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVERS, SCOTT P.O. BOX 657 LAKE BUTLER, FL 32054 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL CRAPPS PO BOX 3659 LAKE CITY FL 32056 ☐ 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 608, Florida Statutes.

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

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