

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065253

Entity Name: 2710 RIVERLAND LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

% WILLIAM SAUNDERSON, JR.
1116 OBISPO AVE.
CORAL GABLES, FL 33134

Current Mailing Address:

% WILLIAM SAUNDERSON, JR.
1116 OBISPO AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

WILLIAM M. SAUNDERSON, JR.
2710 SW 15TH COURT
FT. LAUDERDALE, FL 33312

New Mailing Address:

WILLIAM M. SAUNDERSON, JR.
4816 SOUTH SUNSET BLVD
TAMPA, FL 33629

FEI Number: 26-2021818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN A
% STEVEN A. SCIARRETTA
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SCIARRETTA, STEVEN A
STEVEN A. SCIARRETTA
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431 US

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: _____

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAUNDERSON, WILLIAM JR.
Address: 1116 OBISPO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAUNDERSON, WILLIAM M JR.
Address: 4816 SOUTH SUNSET BLVD
City-St-Zip: TAMPA, FL 33629

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 M. SAUNDERSON, JR.

MGR.

04/28/2009

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