2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# L07000081203

Entity Name: RIVERSIDE AVONDALE L.L.C.

Current Principal Place of Business:

2929 PLUM STREET
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

1046 PARK ST.
JACKSONVILLE, FL 32205 US

Current Mailing Address:

P.O.BOX 17094
JACKSONVILLE, FL 32245 US

New Mailing Address:

2369 JOSE CIRCLE NORTH
JACKSONVILLE, FL 32217 US

FEI Number: 02-0812734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENBERG, JERALD C
2929 PLUM STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROSENBERG, JERALD C
Address: 2970 ST JOHNS AVENUE 9-C
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGR ( ) Delete
Name: MICHAELS, ARNOLD J
Address: 2369 JOSE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32217 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: ROSENBERG, JERALD C
Address: 2970 ST JOHNS AVENUE 9-C
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VP (X) Change ( ) Addition
Name: MICHAELS, ARNOLD J
Address: 2369 JOSE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32217 US

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: ARNOLD J MICHAELS VP 04/04/2009

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