2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089179

Entity Name: RIVER CITY PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
13820 OLD ST. AUGUSTINE ROAD #113 B #164 JACKSONVILLE, FL 32258	

Current Mailing Address:	**New Mailing Address:**
13820 OLD ST. AUGUSTINE ROAD #113 B #164 JACKSONVILLE, FL 32258	

FEI Number: 26-0812016   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ERICKSON, SUZANNE T 13820 OLD ST. AUGUSTINE ROAD #113 B #164 JACKSONVILLE, FL 32258 US	ERICKSON, BRENT W 13820 OLD ST. AUGUSTINE ROAD #113 B #164 JACKSONVILLE, FL 32258 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: BRENT ERICKSON   04/23/2008
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ERICKSON, SUZANNE T	Name:	
Address:	13820 OLD ST. AUGUSTINE ROAD #113 BOX 164	Address:	
City-St-Zip:	JACKSONVILLE, FL 32258	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ERICKSON, BRENT W	Name:	
Address:	13820 OLD ST. AUGUSTINE ROAD #113 BOX 164	Address:	
City-St-Zip:	JACKSONVILLE, FL 32258	City-St-Zip:	

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: BRENT ERICKSON   MR   04/23/2008
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date