

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127864

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** RIVERSIDE INVESTMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

24 WEST 10TH STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

24 WEST 10TH STREET  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

FEI Number: 26-1647421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MATHIS & MURPHY, P.A.  
50 NORTH LAURA STREET  
SUITE 1700  
JACKSONVILLE, FL 32202 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REID, JUNE A  
Address: 24 WEST 10TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: MGRM ( ) Delete  
Name: REID, CARLTON R  
Address: 24 WEST 10TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JUNE A. REID

MGRM

05/01/2009

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