

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

Via Certified Mail  
7001 2510 0008 6540 3316  
**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000000769

1. Entity Name  
RIVERLAND AND INDIAN SUN L.C.



Principal Place of Business

206 N. 6TH AVENUE  
WAUCHULA, FL 33873

Mailing Address

P.O. BOX 2325  
WAUCHULA, FL 33873



**DO NOT WRITE IN THIS SPACE**

02042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0689573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEE, JAMES V JR.  
206 N. 6TH AVENUE  
WAUCHULA, FL 33873

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROBBINS, PETER G  
180 POST ROAD EAST, SUITE 211  
WESTPORT, CT 06880

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MCKANE, DAVID B  
180 POST ROAD EAST, SUITE 211  
WESTPORT, CT 06880

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/15/05-80060-024 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Peter G. Robbins, Manager

Date

Daytime Phone #

3/7/05 863-773-9725