## 2001 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE  TALLAMASSEE, FLORIDA  MERRITT ISLAND FL 3282  2. Principal Place of 6-senoes  Sulte, Apr. #, etc.  City 6. State  City 6. Name and Address of New Registered Agent  THOMPSON, ANTHONY 8  Street Address (P.O. Box Number is Not Acceptative)  Street Address (P.O. Box Number is Not	DOCUMENT # L9700000091  RIVERTIME, LLC						FILED			
SSS S, TROPICAL TRAIL MERRITT SLAND FL 3282  STORMANDER STORMA							01 JAN I	7 PM 2:	1 4	
Applied Fraction   State   S	Principal Place of Business Mailing Address								•	
Surter, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi							TALLAHASSEE, FLORIDA			
City & State	2. Principal f	Place of Busines	SS	3. Mailing Address						
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  School Additional  Fee Required  School Additional  Fee Required  Fee Required  Screel Address (P.O. Box Number is Not Acceptable)  Screel Address (P.O. Box Numb	Suite Ant	# etc		Suita Apt # oto						
Zip Country Zip Country S. Certificate of Status Desired Desired Status Desired Status Desired Status Desired Status Desired Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Status Desired Agent Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable		··					DO NOT W	RITE IN THIS S	PACE	
E. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  THOMPSON, ANTHONY B S655 S. TROPICAL TRAIL MERRITT ISLAND FL 32952  City  FL Zip Code  TILE  MANAGING MEMBERS/MEMBERS  MANAGING MEMBERS/MEMBERS  THE  MANE SIRET ADDRESS  CITY-ST-Zip  THE  MARE THE  THE  THE  THE  THE  TH	City & Sta	te	٠	City & State		4. FEIT		17	<del></del>	<del> </del>
S. Name and Address of Current Registered Agent  THOMPSON, ANTHONY B S655 S. TROPICAL TRAIL  MERRITT ISLAND FL 32952  City  FL Zip Codo  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 Fiorida.  SIGNATURE  Signature, typed or prived name of registered agent and title 1 applicable.  (NOTE Registered Agent agracular already after already after a removal or particular.)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MGRM THOMPSON, ANTHONY SetS S. TROPICAL TRAIL  MGRM THOMPSON, ANTHONY SetS S. TROPICAL TRAIL  MCRITTI ISLE FL 32952  Delete  TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIR	Zip		Country	Zip	Country	5. Certi	ificate of Status Desired		5.00 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name ai	nd Address of Current	Registered Agent		7. Nam	e and Address of New			iu .
Sides Audition  ### Audition  #### Audition  ###################################	THOMPO	~~ - <del>*</del>	~ - ~~	* •	Name -			•		-
MERRITT ISLAND FL 32952  City FL Zip Code  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.  SIGNATURE  Signature, speed or private name of registered agent and the Tappliculate.  (NOTE: Registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or private name of registered agent and the Tappliculate.  (NOTE: Registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MARIAGING MEMBERS / MEMBERS  MANAGING MEMBERS / MEMBERS  10. ADDITIONS/CHANGES  TILE  NAME  SIRET ADDRESS  CITY-ST-2P  TILE  CITY-ST-2P  CITY-ST-2P  TILE  CITY-ST-2P  TILE  CITY-ST-2P  TILE  CITY-ST-2P  TILE  CITY-ST-2P		•			Street Addr	ress (P.O. Box N	Number is Not Acceptat	ble)		
B. 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    Signature, typed or printed nerve of registered agent and fee it applicable   (NOTE Registered Agent agratuate required when retination)   DATE				'					•	
B. 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				*	City			FL	Zip Cod	θ
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ITILE HAMME HAMME STREET ADDRESS CITY-ST-ZIP  ITILE HAMME HA	SIGNATURE		rinted name of registered agent	and title if applicable. (N  FILE  Make Check I  ERS/MEMBERS	OTE: Registered Agent signature re NOW!!! FEE IS \$50 Payable to Departme	equired when reinstati	ing) ADDITION	DATE S/CHANGES		
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