

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000185

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: RIVER CAPITAL ADVISORS, L.C.

**Current Principal Place of Business:**

1514 NIRA STREET  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1514 NIRA STREET  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3492691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURNAM, R. LAVON  
1514 NIRA STREET  
JACKSONVILLE, FL 32207 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: BURNAM, R. LAVON  
Address: 1514 NIRA STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete  
Name: SCHMITZER, EDWARD P  
Address: 1514 NIRA STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete  
Name: LANIGAN, BERNANRD JR.  
Address: 314 GORDON AVENUE  
City-St-Zip: THOMASVILLE, GA 31792

Title: MGR ( ) Delete  
Name: JACKSON, C. BRADFORD JR.  
Address: 314 GORDON AVENUE  
City-St-Zip: THOMASVILLE, GA 31792

**ADDITIONS/CHANGES:**

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

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

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 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: EDWARD P. SCHMITZER

MGR

02/01/2007

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