



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000000185 1. Entity Name RIVER CAPITAL ADVISORS, L.C.	
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Principal Place of Business 1514 NIRA STREET JACKSONVILLE, FL 32207	Mailing Address 1514 NIRA STREET JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE

	
01242008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 59-3492691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BURNAM, R. LAVON 1514 NIRA STREET JACKSONVILLE, FL 32207
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURNAM, R. LAVON 1514 NIRA STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMITZER, EDWARD P 1514 NIRA STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANIGAN, BERNANRD JR. 314 GORDON AVENUE THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, C. BRADFORD JR. 314 GORDON AVENUE THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/30/08-80081-021 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: 

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

Date _____ Daytime Phone # _____