


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L98000003077</b>		
1. Entity Name RIVERSIDE CAPITAL, L.L.C.		
Principal Place of Business 867 CYPRSS LAKE CIRCLE FORT MYERS, FL 33919	Mailing Address 867 CYPRSS LAKE CIRCLE FORT MYERS, FL 33919	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MOORE, JAMES W 867 CYPRSS LAKE CIRCLE FORT MYERS, FL 33919		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, JAMES W 867 CYPRSS LAKE CIRCLE FORT MYERS, FL 33919	
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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.  <b>SIGNATURE:</b> <u>James W. Moore</u> <b>1-8-05</b> <b>239-822-5000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0892968

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required