

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003242**

1. Entity Name  
**RIVERVIEW CENTER ASSOCIATES, L.L.C.**



Principal Place of Business  
**1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**

Mailing Address  
**1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0932950**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEITRICH, DAVID K  
1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**

**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 reconstituting)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000410173  
02/09/06-80025-014 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DEITRICH, DAVID K  
1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ST. PAUL, ALEXANDRA  
1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PRATHER, ALAN  
1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PETRUFF, PATRICIA  
1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DYE, STEPHEN R  
1111 THIRD AVENUE WEST, SUITE 300  
BRADENTON, FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #