

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
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



01102008 No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000867054
04/08/08-80055-001 138.75

**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 #

991
3-19-08 798 9911