

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009048

Entity Name: RIVERSIDE TRUST, LLC

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

5277 S RIDGEWOOD AVENUE  
PORT ORANGE, FL 32123

**New Principal Place of Business:**

5277 S RIDGEWOOD AVENUE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

23974 ALISO CREEK RD., #460  
LAGUNA NIGUEL, CA 92677

**New Mailing Address:**

FEI Number: 94-3344345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEIGERT, ED  
5277 S RIDGEWOOD AVENUE  
PORT ORANGE, FL 32127 US

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

GARRITY, JENNIFER  
5277 S RIDGEWOOD AVENUE  
PORT ORANGE, FL 32127 US

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: JENNIFER GARRITY

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUNN, BRAD  
Address: 23974 ALISO CREEK RD.  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: MGR ( ) Delete  
Name: DUNN, BARBARA  
Address: 23974 ALISO CREEK RD.  
City-St-Zip: LAGUNA NIGUEL, CA 92677

**ADDITIONS/CHANGES:**

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: BRAD DUNN

MGR

01/08/2007

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