2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003376

FEDERMAN, BRUCE

382 THIRD AVE, 12TH AVE

BROOKLYN, NY 11232

Name:

Address:

City-St-Zip:

Entity Name: RIVERVIEW NI INDUSTRIAL LLC

FILED Aug 29, 2006 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
C/O CAM NIP MANGEMENT, LLC 575 VANDERHILL BLVD, SUITE 125 SYOSSET, NY 11791		575 UNDERHILL BL	C/O CAM NIP MANGEMENT, LLC 575 UNDERHILL BLVD, SUITE 125 SYOSSET, NY 11791	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
C/O CAM NIP MANGEMENT, LLC 575 VANDERHILL BLVD, SUITE 125 SYOSSET, NY 11791		575 UNDERHILL BL	C/O CAM NIP MANGEMENT, LLC 575 UNDERHILL BLVD, SUITE 125 SYOSSET, NY 11791	
In accordan	: 20-1472241 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the limited liability of Address of Current Registered Agent:		Certificate of Status Desired (X) ice. s of New Registered Agent:	
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 323012525 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registe	red office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered A	\gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete SCHRON, RUBIN 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete SCHRON, ELI 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete SCHRON, AVI 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE FEDERMAN MGR 08/29/2006