


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 028 ****50.00

DOCUMENT # M04000003394 1. Entity Name RIVER LIGHT VIII, LLC					
Principal Place of Business 685 KROMER AVENUE BERWYN, PA 19312			Mailing Address 685 KROMER AVENUE BERWYN, PA 19312		
2. Principal Place of Business 994 OLD EAGLE SCHOOL ROAD Suite, Apt. #, etc. SUITE 1006 City & State WAYNE, PA Zip 19087		3. Mailing Address 994 OLD EAGLE SCHOOL ROAD Suite, Apt. #, etc. SUITE 1006 City & State WAYNE, PA Zip 19087		07132005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-1452110	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURCH, J. CHRISTOPHER 685 KROMER AVENUE BERWYN, PA 19312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURCH, J. CHRISTOPHER 685 KROMER AVENUE BERWYN, PA 19312	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ J. CHRISTOPHER BURCH 7/18/05 1610-688-0276 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					