

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90190 034 \*\*\*\*55.00

**DOCUMENT # M04000003394**

1. Entity Name  
RIVER LIGHT VIII, LLC



Principal Place of Business  
994 OLD EAGLE SCHOOL ROAD  
SUITE 1006  
WAYNE, PA 19087

Mailing Address  
994 OLD EAGLE SCHOOL ROAD  
SUITE 1006  
WAYNE, PA 19087

60020146



2. Principal Place of Business - No P.O. Box #

1045 FIRST AVENUE

Suite, Apt. #, etc.

STE 100

3. Mailing Address

1045 FIRST AVENUE

Suite, Apt. #, etc.

STE 100

02202007 Chg-LLC CR2E083 (12/06)

City & State

KING OF PRUSSIA PA

City & State

KING OF PRUSSIA PA

4. FEI Number

20-1452110

Applied For

Not Applicable

Zip

Country

19406

Zip

Country

19406

5. Certificate of Status Desired



\$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

FL

Zip Code

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BURCH, J. CHRISTOPHER  
994 OLD EAGLE SCHOOL ROAD, SUITE 1006  
WAYNE, PA 19087 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BURCH, J. CHRISTOPHER  
1045 FIRST AVENUE, STE 100  
KING OF PRUSSIA, PA 19406 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Christopher Burch, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/23/07  
Date

610-688-0276  
Daytime Phone # X 100