

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003707

Entity Name: RIVERS & POWELL LLC

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

701 WHITLOCK AVENUE, SUITE J-45
MARIETTA, GA 30064

New Principal Place of Business:

Current Mailing Address:

701 WHITLOCK AVENUE, SUITE J-45
MARIETTA, GA 30064

New Mailing Address:

FEI Number: 36-4466546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FAGAN, DEBORAH
4900 CREEKSIDE DRIVE UNT F
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

FAGAN, DEBORAH
1418 26TH STREET NORTH
ST PETERSBURG, FL 33713 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: DEBORAH FEGAN

08/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWELL, JAMES D
Address: 701 WHITLOCK AVENUE, SUITE J-45
City-St-Zip: MARIETTA, GA 30064

Title: MGRM () Delete
Name: RIVERS, ROBERT
Address: 701 WHITLOCK AVENUE, SUITE J-45
City-St-Zip: MARIETTA, GA 30064

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 Section 119.07(3)(i), 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: JAMES POWELL

MGRM

08/31/2005

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