


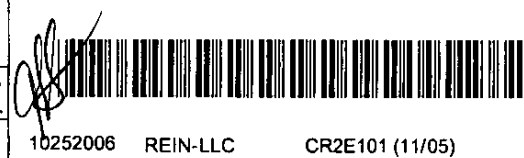
2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000004024		
1. Entity Name RIVERVIEW MANAGER, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -9 PM 11:13

Principal Place of Business 640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009	Mailing Address 640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009
---	---

2. Principal Place of Business 1520 Royal Palm Sq. Blvd. Suite, Apt. #, etc. Suite #210 City & State Fort Myers, FL Zip 33919 Country USA	3. Mailing Address 1520 Royal Palm Sq. Blvd. Suite, Apt. #, etc. Suite #210 City & State Fort Myers, FL Zip 33919 Country USA
--	--



6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236	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  Steven P. Adler Authorized Agent 10/25/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIN, DAVID C 640 N OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081558791 11/09/06--01033--010 **155.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Steven P. Adler, Authorized Rep. 10/25/06 239-790-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #