

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

3. Mailing Address
1520 Royal Palm Sq. Blvd.
Suite, Apt. #, etc.
Suite #210

10252006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-3085133	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTON, SAM D
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Steven P. Adler, Authorized Agent

10-25-06

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	1000081558791 11/09/06-01033--010 *\$155.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Signature, typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #