


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M05000006129</b> 1. Entity Name <b>RIVERVIEW FORT MYERS MEZZANINE LLC</b>	
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Principal Place of Business <b>212 WEST VAN BUREN STREET, 9TH FLOOR CHICAGO, IL 60607</b>	Mailing Address <b>212 WEST VAN BUREN STREET, 9TH FLOOR CHICAGO, IL 60607</b>
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-LLC

CR2E083 (12/07)

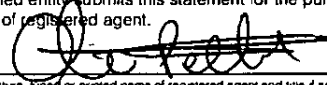
4. FEI Number <b>20-3705720</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reappointing)

DATE: **4/10/08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

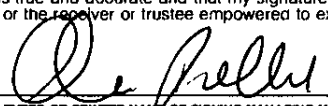
000000910635  
05/07/08-800009-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RIVERVIEW FORT MYERS INVESTORS LLC 212 WEST VAN BUREN STREET, 9TH FLOOR CHICAGO, IL 60607</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE:  **4/10/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: Daytime Phone #