2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# M06000000921

Entity Name: RIVERCHASE DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

3949 EVANS AVENUE, STE 301-B
FORT MYERS, FL 33901

New Principal Place of Business:

1004 NW 33RD AVENUE
CAPE CORAL, FL 33993

Current Mailing Address:

3949 EVANS AVENUE, STE 301-B
FORT MYERS, FL 33901

New Mailing Address:

1004 NW 33RD AVENUE
CAPE CORAL, FL 33993

FEI Number: 20-0548747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANSDORFF, MARION
3949 EVANS AVENUE, STE 301-B
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

ANSDORFF, MARION
1004 NW 33RD AVENUE
CAPE CORAL, FL 33993 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: 04/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: HASTINGS, THOMAS E
Address: 5434 KERRY GLEN LANE
City-St-Zip: CHARLOTTE, NC 28226

Title: MGRM ( ) Delete
Name: ARNSDORFF, MARION
Address: 3949 EVANS AVENUE, STE 301-B
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ARNSDORFF, MARION
Address: 1004 NE 33RD AVENUE
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARION ARNSDORFF MGRM 04/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date