

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90026 019 ***138.75

60028932



04232008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000001541 1. Entity Name RIVER VILLAGE TOWER VI LLC																													
Principal Place of Business 3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960			Mailing Address 3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960																										
2. Principal Place of Business - No P.O. Box # 4755 South Harbor Dr. Suite, Apt. #, etc.		3. Mailing Address 4755 South Harbor Dr. Suite, Apt. #, etc.																											
City & State Vero Beach, FL Zip 32967		City & State Vero Beach, FL Zip 32967		4. FEI Number 13-3398767																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent NORTH, ANNABEL 3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street City Tallahassee FL Zip Code 32301-2535																										
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 reinstating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VERO BEACH ACQUISITION LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 SOUTH BEDFORD ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MT. KISCO, NY 10549</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">445 Hamilton Ave., Suite 1210</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>White Plains, NY 10601</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	VERO BEACH ACQUISITION LLC		STREET ADDRESS	100 SOUTH BEDFORD ROAD		CITY-ST-ZIP	MT. KISCO, NY 10549		TITLE	445 Hamilton Ave., Suite 1210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	White Plains, NY 10601		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: <u>Patricia Farnott</u> Patricia Farnott 4/24/08 772-794-4390 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													