


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 039 ***138.75

DOCUMENT # M06000006788		
1. Entity Name RIVERVIEW STORAGE LLC		

Principal Place of Business 13000 W. ROCKALND ROAD LAKE BLUFF, IL 60044	Mailing Address 13000 W. ROCKALND ROAD LAKE BLUFF, IL 60044
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50006012

2. Principal Place of Business - No P.O. Box # 10813 BOYETTE ROAD	3. Mailing Address 13528 BOULTON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State RIVERVIEW, FL	City & State LAKE FOREST, IL	4. FEI Number 20-5970661	Applied For <input type="checkbox"/> Not Applicable
Zip 33564	Country USA	Zip 60045	Country USA



04242008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIVERVIEW VENTURE LLC 13000 W. ROCKALND ROAD LAKE BLUFF, IL 60044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Martin J. Gallagher **MARTIN J. GALLAGHER** **PRESIDENT** 4/28/08 847-235-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED SIGNING OFFICER Date Daytime Phone #