

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00
Secretary of Stat

DOCUMENT # P98000015045

1. Entity Name
RIVANNA ELEVEN, INC.



Principal Place of Business
450 S. ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801

Mailing Address
POST OFFICE BOX 1171
ORLANDO, FL 32802



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1071763

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
CORPORATE CENTER THREE AT INTERNATIONAL PLA
4221 W. BOY SCOTT BLVD.
TAMPA, FL 33607-7000

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FITZGERALD, JAMES P JR
STREET ADDRESS 450 S. ORANGE AVENUE, STE 500
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DOWNLOADED
02/04/05-60038-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(3)(b), Florida Statutes, that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name has not changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. FITZGERALD

Date

Daytime Phone #