

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001783

1. Entity Name
RIVERSIDE NO. 2 VENTURES, LLC

FILED

01 FEB 19 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1925 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

Mailing Address
1925 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

2. Principal Place of Business
800 N. Flagler Dr.
Suite, Apt. #, etc.

3. Mailing Address
800 N. Flagler Dr.
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
52-2218377

Applied For
Not Applicable

Zip
33401

Country

Zip
33401

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner Anthony S. Ocepelk 800 N. Flagler Drive West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner Mark T. Ocepelk 800 N. Flagler Drive West Palm Beach, FL 33401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000003746062-1 -02/21/01--01105--002 ****100.00 ****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

561-820-9447

0013624 AF

CR2E083 (11/00)