

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90054 038 *****50.00

DOCUMENT # L00000001783

1. Entity Name

RIVERSIDE NO. 2 VENTURES, LLC

Principal Place of Business

**800 N. FLAGLER DR.
 WEST PALM BEACH FL 33401**

Mailing Address

**800 N. FLAGLER DR.
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

1925 N. Flagler Drive

Suite, Apt. #, etc.

3. Mailing Address

1925 N. Flagler Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. FEI Number

52-2218377

Applied For

Not Applicable

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART OCEPEK, ANTHONY S 800 N. FLAGLER DR. WEST PALM BEACH FL 33401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART OCEPEK, MARK T 800 N. FLAGLER DR. WEST PALM BEACH FL 33401	☐ 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	1925 N. Flagler Drive West Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1925 N. Flagler Drive West Palm Beach, FL 33401	☒ 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
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: Mark T. Ocepker REQUIRED

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

2/05/02 561-820-9447

Date

Daytime Phone #

0014355

CR2E083 (9/01)