### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L00000001783**

1. Entity Name RIVERSIDE NO. 2 VENTURES, LLC

Principal Place of Business

Mailing Address

1925 N. FLAGLER DR. WEST PALM BEACH, FL 33401 1925 N. FLAGLER DR. WEST PALM BEACH, FL 33401

П

**FILED** 

Apr 23, 2004 08:00 AM Secretary of State

03192004 No Chg-LLC

CR2E083 (10/03)

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

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

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

# DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submit the obligations of registered ag</li></ol>	ts this statement for the purpose of changlent.	ing its registered office or	registered agent, or both,	in the State of Florida.	I am familiar with, and accept
SIGNATURE					

(NOTE, Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	PART
NAME	OCEPEK, ANTHONY S
STREET ADDRESS	1925 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PART
NAME	OCEPEK, MARK T
STREET ADDRESS	1925 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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	

U00000126266 04/23/04-80027-004 50.00

DATE

# DO NOT WRITE IN THIS SPACE

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: Work T. OCOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/04 561-547-573

Date

Daytime Phone #