

# 2002 UNIFORM BUSINESS REPORT (UBR)

\$ 50.00

0006942

**DOCUMENT # L00000005819**

1. Entity Name  
**RIVERWALK HOTEL MANAGEMENT, LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 MAY - 8 PM 2:01  
 WLS/24

Principal Place of Business      Mailing Address

**C/O STEVAN J. PARDO**      **C/O STEVAN J. PARDO**  
**100 S.E. 2ND STREET, 27TH FLOOR**      **100 S.E. 2ND STREET, 27TH FLOOR**  
**MIAMI FL 33131**      **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**2 South Biscayne Blvd.**      **2 South Biscayne Blvd**  
 Suite, Apt. #, etc. **Suite 2475**      Suite, Apt. #, etc. **Suite 2475**

City & State      City & State

**Miami, Fla.**      **Miami, Fla.**

Zip      Country      Zip      Country

**33131**           **33131**           **33131**           **33131**

4. FEI Number **APPLIED FOR**      Applied For  
**65-1012133**      Not Applicable

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

6. Name and Address of Current Registered Agent

**PARDO, STEVAN J.**  
**C/O ZARCO & PARDO, P.A.**  
**100 S.E. 2ND STREET, 27TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Stevan J. Pardo**  
**C/O Pardo + Gainsburg LLP**  
 Street Address (P.O. Box Number is Not Acceptable) **2 South Biscayne Blvd. Suite 2475**  
 City **Miami**      FL      Zip Code **33131**

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      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**300005254369--2**  
**-04/11/02--01058--009**  
**\*\*\*\*\*250.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>PARDO, STEVAN J</b> <b>100 S.E. 2ND ST., 27TH FLOOR</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2 South Biscayne Blvd Suite 2475</b> <b>Miami Fla. 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED      1/17/01      (305) 374-5418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)