

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000027927

1. Entity Name

RIVERSIDE ASSOCIATES, LLC



Principal Place of Business

907 US HIGHWAY 17-92
DEBARY, FL 32713

Mailing Address

2051 SHERWOOD FOREST DR
ORANGE CITY, FL 32763



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1556209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUKER, DAVID
2051 SHERWOOD FOREST DR
ORANGE CITY, FL 32763

**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 resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COOK, JOHN C
STREET ADDRESS	907 SOUTH US HWY 17-92
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	MGRM
NAME	COOK, GEORGE
STREET ADDRESS	2140 INDUSTRIAL DRIVE
CITY-ST-ZIP	HOWELL, MI 48843
TITLE	MGRM
NAME	WILLIAMS, RICHARD J JR
STREET ADDRESS	380 N. OLD WOODWARD AVE., STE 800
CITY-ST-ZIP	BIRMINGHAM, MI 48009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000221219
02/09/05-80022-024 50.00

**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: _____

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

John C. Cook

2/7/05

(386) 774-7808

Date

Daytime Phone #