

FILED
Aug 25, 2003 8:00 am
Secretary of State

07-31-2003 90046 019 ****50.00
 05-05-2003 90683 030 ****50.00

7/3
 7/31 5/5
 5/5/2

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027927



1. Entity Name
RIVERSIDE ASSOCIATES, LLC

Principal Place of Business Mailing Address
 17 S. U.S. HIGHWAY 17-92 907 S. U.S. HIGHWAY 17-92
 DEBARY FL 32713 DEBARY FL 32713

55054987

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2051 Sherwood Forest Dr

City & State City & State 4. FEI Number Applied For
Orange City FL 42-1556209 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
32763 66/USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BUKER, DAVID Name
907 S. U.S. HIGHWAY 17-92 Street Address (P.O. Box Number is Not Acceptable)
DEBARY FL 32713 **2051 Sherwood Forest Dr**
 City **Orange City** FL Zip Code **32763**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER John C. Cook 907 South U.S. Hwy 17-92 DeBary, FL 32713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER George Cook 2140 Industrial Dr Howell MI 48843	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Richard J. Williams Jr 380 W. Old Woodward Ave. Ste 300 Birmingham, MI 48009	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"/> Delete	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"/> Delete	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"/> Delete	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)(1), 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: *George Cook* **7/24/03** **386-774-2808**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)