

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000054839

1. Entity Name
RIVERSIDE DEVELOPERS, LLC



FILED

2004 OCT 12 P 2:29



MOORE CR2E083 (4/04)

Principal Place of Business 1170 NW 11 STREET MIAMI FL 33136 US	Mailing Address 1170 NW 11 STREET MIAMI FL 33136 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <input checked="" type="checkbox"/>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHUMER, KARL J
18305 BISCAYNE BOULEVARD
SUITE 216
AVENTURA FL 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	CO-MANAGING MEMBER <input type="checkbox"/> Delete	
NAME	SAM BURSTYN	
STREET ADDRESS	1170 NW 11 STREET	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	CO-MANAGING MEMBER <input type="checkbox"/> Delete	
NAME	JUDALI BURSTYN	
STREET ADDRESS	1170 NW 11 ST	
CITY-ST-ZIP	MIAMI, FLA 33136	
TITLE	_____ <input type="checkbox"/> Delete	
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____ <input type="checkbox"/> Delete	
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____ <input type="checkbox"/> Delete	
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500041731545
CITY-ST-ZIP	10/08/04--01072--004 **50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sam Burstyn* *9/1/04*

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