LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

A01000000242

DOCUMENT # A01000000242

1. Entity Name

LA RIVE, LTD.

DO NOT WRITE IN THIS SPACE

FILED

02 SEP 10 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3201 West Griffin Road	3201 West Griffin Road
Suite, Apt. #, etc.: Suite 106	Suite, Apt. #, etc.: Suite 106
City & State: Dania, FL	City & State: Dania, FL
Zip: 33312 Country: USA	Zip: 33312 Country: USA

DUE BY MAY 1

4. FEI Number: 65-1082361 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

LA RIVE, INC.

3201 West Griffin Road, Suite 106

City: Dania FL Zip Code: 33312

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

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
$7,500.00	$7,500.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P01000017715
NAME	LaRive, Inc.
STREET ADDRESS	3201 West Griffin Road, Suite 106
CITY-ST-ZIP	Dania, FL 33312

BK

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

LaRive, Inc.

SIGNATURE: _____ 2/18/02 561-330-3662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Telephone number