

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 PM 12:06

DOCUMENT # A06000000555

1. Entity Name
 RIVERSIDE DAYTONA SHORES, LTD.



Principal Place of Business
 3390 MARY STREET
 SUITE 200
 COCONUT GROVE, FL 33133

Mailing Address
 3390 MARY STREET
 SUITE 200
 COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01072008 Chg-LP CR2E003 (12/06)

4. FEI Number

~~APPLIED FOR~~

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTZER, THEODORE R
 321 EAST HILLSBORO BLVD.
 DEERFIELD BEACH, FL 33441

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L06000041344
 NAME BF RIVERSIDE HOLDINGS, LLC
 STREET ADDRESS 3390 MARY STREET SUITE 200
 CITY-ST-ZIP COCONUT GROVE, FL 33133

STREET ADDRESS

CITY-ST-ZIP

800123501898

04/15/08--01010--013 **508.75

DOCUMENT # L06000040853
 NAME BF RIVERSIDE GP, LLC
 STREET ADDRESS 3390 MARY STREET SUITE 200
 CITY-ST-ZIP COCONUT GROVE, FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

BLT

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kenneth Scott, VP, CFO 4/8/08 305-476-0100

Date

Daytime Phone #

STAPLE CHECK HERE