

2001 UNIFORM BUSINESS REPORT (UBR)

0009267 AF

DOCUMENT # A32302
 1. Entity Name
RIVERGLEN, LTD.

FILED

01 APR 23 PM 12:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 611 WEST BAY STREET 611 WEST BAY STREET
 TAMPA FL 33606 TAMPA FL 33606

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 **59-3098246** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CROSS, GLEN
611 WEST BAY STREET
TAMPA FL 33606

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.

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

9. Capital Contributions as Shown on record. **\$1,500,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # | F64388 |
| NAME | SHIMBERG CROSS COMPANY |
| STREET ADDRESS | 611 WEST BAY STREET |
| CITY-ST-ZIP | TAMPA FL 33606 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 700004162257--5 |
| CITY-ST-ZIP | -05/08/01--01077--012 |
| | ****437.50 ****437.50 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 700004162257--5 |
| CITY-ST-ZIP | -05/08/01--01077--013 |
| | *****88.75 *****88.75 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

SIGNATURE: *[Signature]* **04/03/01** **813672068**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)