2002	UNIFOR	M BUS	INESS	REPO	RT	(UBR
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DOCUMENT # A9300000281 1. Entity Name						říľed			
SCHICKEDANZ BROS - RIVIERA LTD.							02 APR 26 AM 9: 28		
Principal Place of Business 4152 WEST BLUE HERON BLVD SUITE 116 RIVIERA BEACH FL 33404		Mailing Address 4152 WEST BLUE HERON BLVD SUITE 116 RIVIERA BEACH FL 33404			SECRETARY ȚALLAHASSEE	, FLORI	DA -		
2. Principal Place of Business 7711 N. Military Trail			3. Mailing Address 7711 N. Military Trail			-			
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor			DUE BY MAY 1, 2002				
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL			4. FEI Number 65-0397107		Applied For Not Applicable		
Zip 33410		Country Palm Beach	Zip 33410	Pa	Country 11m Beach		5. Certificate of Status Desired		.75 Additional Required
	6. Name	and Address of Current P	legistered Age	ent	Alomo		7. Name and Address of New Reg	istered Age	nt
SCHICKEDANZ, WALDEMAR 4152 WEST BLUE HERON BLVD					Name Schickedanz, Waldemar Street Address (P.O. Box Number is Not Acceptable) 7711 N. Military Trail				
SUITE 11	_				3	3rd Floor			
KIVIEKA (BEACH FL	33409			City P	Palm Beach Gardens FL Zip Code 33410			Zip Code 33410
8. The above	named entity	y submits this statement for	the purpose of	changing its regi	stered office or re	egistere	d agent, or both, in the State of Florid	a.	·
SIGNATURE.	Signatule-lyand	JUL Fulle (Clearly applicables	istered A	gent		01/10	0/2002 DATE	·····
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital Contributions in FLORIDA to date				ount Capital Co					
	A C NOTE:	ENERAL PARTNER THE	AT IS A BU	SINESS ENTIT	Y MUST BE RE	EGIST dment	ERED AND ACTIVE WITH THIS must be filed to change a gene	OFFICE.	ir.
12.		GENERAL PARTNER			13.		ADDRESS CHANG		
DOCUMENT # NAME STREET ADDRESS	K54111 SCHICKEDANZ ENTERPRISES, INC. 4152 W. BLUE HERON BLVD., #116						711 N. Military Trai		
CITY-ST-ZIP		BEACH FL 33404			CITY-ST-ZIP	P	alm Beach Garners, (1	<u> </u>	Æ001 ***158.75
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STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP				
14. hereby c	ertify that the	information supplied with the	nis filing does r	not qualify for the	exemption stated	in Sect	tion 119.07(3)(i), Florida Statutes. I fur	ther certify t	hat the information

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: ___

01/10/2002

561-845-8797

Daytime Phone #