

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000468

1. Entity Name

300 RIVERSIDE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business: 300 RIVERSIDE DRIVE EAST, SUITE 1450, BRADENTON FL 34208
Mailing Address: 300 RIVERSIDE DRIVE EAST, SUITE 1450, BRADENTON FL 34208



DO NOT WRITE IN THIS SPACE

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	65-0815287	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CROGHAN, BERNARD M
300 RIVERSIDE DRIVE EAST, SUITE 1450
BRADENTON FL 34208

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	\$1,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000007347	STREET ADDRESS	
NAME	300 RIVERSIDE, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 RIVERSIDE DRIVE EAST, SUITE 1450		
CITY-ST-ZIP	BRADENTON FL 34208		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400003408364--8
STREET ADDRESS			09/28/00 01065-011
CITY-ST-ZIP			***926.25 ***926.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: *Bernard M. Croghan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/18/00 941-747-0446
Date Daytime Phone #

CR2E003 (5/00)