

2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # **A99000000900**

1. Entity Name

RIVERSIDE AVENUE ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

~~601 RIVERSIDE AVENUE-BLDG-II-STE-650~~
~~JACKSONVILLE-FL-32204~~

~~601 RIVERSIDE AVENUE-BLDG-II-STE-650~~
~~JACKSONVILLE-FL-32204~~

2. Principal Place of Business

729 POST STREET

Suite, Apt. #, etc.

3. Mailing Address

729 POST STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

6. Name and Address of Current Registered Agent

**GARTNER, WINFIELD A
C/O GARTNER, BROCK AND SIMON
1660 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE FL 32247-0697**

4. FEI Number

59-3584064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

831,000

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 # **L98000003158**
NAME **RIVERSIDE OFFICE INVESTORS, LLC**
STREET ADDRESS ~~601 RIVERSIDE AVENUE-BLDG-II-STE-650~~
CITY-ST-ZIP **JACKSONVILLE FL 32204**

DOCUMENT #
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **729 POST STREET**
CITY-ST-ZIP **500003889465--0**
-03/21/01-01011-010
*****526.25 ***526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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:

SIGNATURE REQUIRED

3/5/01

904-358-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

R.LAMARSHAW, JR., PRESIDENT, SKYLINE REALTY SERVICES, INC., MANAGER, RIVERSIDE

CR2E003 (11/00)