

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011631 AF

DOCUMENT # L00000002375

1. Entity Name

RIVIERA GARDEN APARTMENTS, LC

Principal Place of Business

Mailing Address

~~511 NE THIRD AVENUE, 2ND FLOOR
FORT LAUDERDALE FL 33301~~

~~511 NE THIRD AVENUE, 2ND FLOOR
FORT LAUDERDALE FL 33301~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1623 Collins Ave.

1623 Collins Ave

Suite, Apt. #, etc.

909

Suite, Apt. #, etc.

909

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

DADE

Zip

33139

Country

DADE

4. FEI Number

65-0986233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, JOSH N

511 NE THIRD AVENUE, 2ND FLOOR

FORT LAUDERDALE FL 33301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
L.A.Q. TRUST
511 NE THIRD AVENUE, 2ND FLOOR
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003993524--8
-04/12/01--01023--020
****150.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLUE SKY TRUST
511 NE THIRD AVENUE, 2ND FLOOR
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THE CALM WAVES TRUST
511 NE THIRD AVENUE, 2ND FLOOR
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Virginia Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

March 25/2001 305 534-9090
Date Daytime Phone #

CR2E083 (11/00)