

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90004 038 ****55.00

DOCUMENT # L00000002390

1. Entity Name

RIVER HAVEN PROPERTIES LLC



Principal Place of Business

**3451 BONITA BAY BLVD., SUITE 202
BONITA SPRINGS FL 34134**

Mailing Address

**3451 BONITA BAY BLVD., SUITE 202
BONITA SPRINGS FL 34134**

2. Principal Place of Business

9990 Coconut Rd

Suite, Apt. #, etc.

- 200

3. Mailing Address

9990 Coconut Rd.

Suite, Apt. #, etc.

- 200

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34135

Country

USA

Zip

34135

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0989142**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RESOURCE CONSERVATION PROPERTIES, INC.
3451 BONITA BAY BLVD., SUITE 202
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9990 Coconut Road

Suite 200

City

Bonita Springs

FL

Zip Code

34135

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

☐ Delete

**RESOURCE CONSERVATION PROPERTIES, INC.
3451 BONITA BAY BLVD., SUITE 202
BONITA SPRINGS FL 34134**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change

☐ Addition

**9990 Coconut Rd., Ste 200
Bonita Springs FL 34135**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ 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 REQUIRED

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

Date

Daytime Phone #

1/3/03 239-495-1000

CR2E083 (10/02)