

FILED
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90074 040 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002527**

1. Entity Name
SOUTH RIVERWALK INVESTMENTS, L.L.C.

Principal Place of Business
**601 S ANDREWS AVE #201
FT LAUDERDALE FL 33301**

Mailing Address
**601 S ANDREWS AVE #201
FT LAUDERDALE FL 33301**

2. Principal Place of Business
441 S. Andrews Ave

3. Mailing Address
441 S. Andrews Ave

Suite, Apt. #, etc.

City & State
FT Laud. FL

City & State
FT Laud. FL

Zip
33301

Country
USA

Zip
33301

Country
USA



8. Name and Address of Current Registered Agent

**JACKSON, GREGORY L
601 S ANDREWS AVE #201
FT LAUDERDALE FL 33301**

4. FEI Number
94-1687665

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 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 DATE **7-24**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	JACKSON, GREGORY L	601 S ANDREWS AVE #201	FT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DATE: **4-24-02** DAYTIME PHONE #

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

CR2E083 (9/01)