

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000002527**

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



Principal Place of Business

**CORNERSTONE ONE  
1200 SOUTH PINE ISLAND ROAD, SUITE 475  
PLANTATION, FL 33324**

Mailing Address

**CORNERSTONE ONE  
1200 SOUTH PINE ISLAND ROAD, SUITE 475  
PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**94-1687665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HEALY, CHARLOTTE A  
4400 NORTH FEDERAL HIGHWAY, SUITE 42  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	UNICORN MANAGEMENT COMPANY, INC.
STREET ADDRESS	2810 E. OAKLAND PARK BLVD., SUITE 102
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/05-80028-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Charlotte A. Healy, Mgr.*

*2/4/05*

*561-265-4900*

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

Date

Daytime Phone #