DOCUMENT 1. Entity Name	# L0000	0003643			of the A - A -	:
RIVER ISLANDS B	UILDERS, LLC				FILED	·
Principal Place of Business 4300 Catalfumo Way Palm Beach Gardens Fl		Mailing Address 4300 Catalfumo Way Palm Beach Gardens		0	AUG 23 PN 12: 1-7 SECRETARY OF STATE ALLAHASSEE ELORIDA	l i ti
. Principal Place of Busine	ess	3. Mailing Address				1961
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied Fo 65⊕0996127 Not Applie	
Zip Country		Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required	able
6. Name s	and Address of Current I	Registered Agent		Name	7. Name and Address of New Registered Agent	
JACOBY, JAMES E P.	.A.				(P.O. Box Number is Not Acceptable)	_
4300 CATALFUMO W			}	Check works ((1.0. Dox manuel is not needplace)	
PALM BEACH GARDENS FL 33410			<u> </u> _		<u> </u>	
			1	City	□ Zip Code	- 1
NATI IRE	submits this statement for	nd the flapplicable. (NOT	s registered TE: Registered A	gent signature required		J.
GNATURE Signature, typed or	r printed name of registered agent a	nd title if applicable. (NOT	s registered TE: Registered Ar OW!!! FE ayable: to	office or register	d when reinstating) DATE	J ,
GNATURE Signature, typed or		nd title if applicable. (NOT	S registered A OW!!! FE ayable to J 10. TITLE	office or register	ored agent, or both, in the State of Florida.	J.
GNATURE Signature, typed of	r printed name of registered agent a MANAGING MEMBE	nd the Happlicable. (NOT FILE NI Make Check Pa RS/MEMBERS Delete Delete	E: Registered A OW!!! FE ayable to i	office or register sgent signature required EE[IS]\$50.00 Department to	ored agent, or both, in the State of Florida. In the State of Florida. DATE State ADDITIONS/CHANGES	<u></u> .
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