

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90074 048 ****50.00

DOCUMENT # L00000004035

1. Entity Name

SOUTH RIVERWALK DEVELOPMENT, L.L.C.

Principal Place of Business

601 S. ANDREWS AVENUE, #201
 FORT LAUDERDALE FL 33301

Mailing Address

601 S. ANDREWS AVENUE, #201
 FORT LAUDERDALE FL 33301

2. Principal Place of Business

441 S Andrews Ave
 Suite, Apt. #, etc.

3. Mailing Address

441 S. Andrews Ave
 Suite, Apt. #, etc.

City & State

Ft. Laud FL

City & State

Ft. Laud FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, GREGORY L
 601 S. ANDREWS AVENUE, #201
 FORT LAUDERDALE FL 33301

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** Delete
 NAME: **JACKSON, GREGORY**
 STREET ADDRESS: **601 S. ANDREWS AVENUE, #201**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: Delete
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10. ADDITIONS/CHANGES

TITLE: Change Addition
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TITLE: Change Addition
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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:

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)