## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000007952  1. Entity Name RIVERSIDE NURSING HOME, L.L.C.								FILED					
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Principal Place of Business  206 COURTLAND CIRCLE LAKELAND FL 33803  Mailing Address  206 COURTLAND CIRCLE LAKELAND FL 33803								OIFEBIS AM 9:31 SECRETARY OF STAYE TALLAHASSEE, FLORIDA					
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Suite, Apt. #, etc. Suite, Apt. #, etc.									DO N	IOT WRITE	E IN THIS SI	ACE.	
City & State	•		City &	City & State				4. FEI N	umber			<u> </u>	plied For t Applicable
Zip		Country	Zip	Zip Coun				5. Certificate of Status Desired Status Desired Fee Required					
i. •	6. Name	e and Address of Curre	nt Registered	Agent	×	Name	<u> </u>	7. Name	and Address	of New Re	gistered A	jent	
VELLED A	CEDALD I			•		Name							
KELLER, GERALD L 206 COURTLAND CIRCLE						Street Address (P.O. Box Number is Not Acceptable)							
LAKELAND FL 33803										<del>.</del>			
LAVETAIN	D FL 3300						-					<del></del>	
						City					FL	Zip Code	,
8. The above	named enti	ty submits this statemen	t for the purpose	e of changing its	registere	ed office or	r registered	agent, c	r both, in the St	ate of Flor	ida.	<del>-L.</del>	
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SIGNATURE _				210	<u> </u>	4 4 4					DATE	····	
	Signature, type	d or printed name of registered ag	ent and title if applical	DIB. (NOTE	: Hegistere	o Agent signati	ure required w	nen reinstat#	9)		DATE		
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9.		MANAGING MEI	MBERS/MEMBE	RS	10.				ADI	DITIONS/	CHANGES		
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indicated	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 received at trustee empowers the execute this report as required by Chapter 608, Florida Statutes.												
SIGNAT	URE:	Gerald Like		AGING MEMBER, MAN	AGER, OR	AUTHORIZEÇ	HEPRESENT	7 /	3 0 / Date	8	676	\$38 ytime Phone #	289