

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019608 AF

DOCUMENT # **L00000011383**

1. Entity Name  
**RIVERHAVEN DEVELOPMENT COMPANY, L.L.C.**

**FILED** *W*  
*3/28*  
**01 MAR 26 PM 3:34**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**4634 PALM BEACH BOULEVARD  
FORT MYERS FL 33905**

Mailing Address  
**4634 PALM BEACH BOULEVARD  
FORT MYERS FL 33905**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required.
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>STEWART, JOHN F 2121 WEST FIRST STREET FORT MYERS FL 33901</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME	<i>Pres. Paul H. Williams</i>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>4634 Palm Beach Blvd</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Ft. Myers, FL 33905</i>		CITY-ST-ZIP		
TITLE NAME	<i>N/A</i>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<i>N/A</i>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**300003929493--6**  
**-03/29/01--01065--022**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

*(941) 693-1198*  
*Feb 14 / 2001*  
Date Daytime Phone #

CR2E083 (11/00)