2001	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # L0000012711 1. Entity Name					F 11	_ED	•			2
RIVERSIDE MORTGAGE COMPANY, LLC										
			<u> </u>	01	JUN 2	8 AM 8 47				
Principal Place of Busi 104 HALL ST.		ailing Address O BOX 1525				Y OF STATE				
LABELLE FL 33975	L	ABELLE FL 33975		TALL	AHAS?	SEE, FLORIDA		•		
2. Principal Place of B		Mailing Address						// !!		
104 Hall Steet P.O. Box 1526 Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>			DO NOT WRIT	: E-IN THIS SE	ACE		
City & State		City & State			4 EELN	Jumbos	<u> </u>		plied For	1
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2387S	Country 3	3836	Country		5. Certi	ficate of Status Desired	□ \$	5.00 Add	litional d	
6. Na	ame and Address of Current Regist	tered Agent	Name		7. Nam	e and Address of New R	egistered Ag	jent		
COX, LISA H			<u> </u>	Address (F	20 Box N	lumber is Not Acceptable				-
104 HALL ST. Labelle Fl 339	76						<u> </u>		<u>-</u>	1
LADELLE FL 339	15		City		 -			Zip Code		1
A Th						and the state of Cla	FL			-
8. The above named 6	entity submits this statement for the p	urpose of changing its re	egistered office o	or registere		_	rida.	I1.		
SIGNATURE Signature, t	typed or printed name of registered agent and title if	applicable. (NOTE: I	Registered Agent signs	LTGA sture required	when réinstat	Manasinj Paetr	DATE DATE	125/0	<u> </u>	
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9.	MANAGING MEMBERS/N	L MEMBERS	10.			ADDITIONS/	CHANGES			
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11. I hereby certify the indicated on this re	at the information supplied with this file	ing does not qualify for the signature shall have the	he exemption sta e same legal effe	ated in Sect as if m	ade unde	07(3)(i), Florida Statutes. I r oath; that I am a manag	further certif ing member	y that the ir or manage	formation r of the	
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 acceptate 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 Dayling Phone #										
SIGNAL	VIII AND ITTED ON FRINIED NAME OF SIGNS	w managing Member, Mana	GER, OR AUTHOHIZE	_ nernE3Ë∤	HALIVE	Uate	Day	time Phone #		1