


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90688 034 \*\*\*\*50.00

|  |   |
|--|---|
| DOCUMENT # <b>L00000013528</b>               |  |
| 1. Entity Name<br><b>Riverland Road, LLC</b> |   |

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>6654 78th Ave N</b> | 3. Mailing Address<br><b>6654 78th Ave N</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

DO NOT WRITE IN THIS SPACE

|  |  |   |  |
|--|--|---|--|
| City & State<br><b>Pinellas Park, FL</b> | City & State<br><b>Pinellas Park, FL</b> | 4. FEI Number<br><b>59-3695352</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33781</b>                      | Country<br><b>USA</b>                    | Zip<br><b>33781</b>                                       | Country<br><b>USA</b>                                  |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

|  |
|--|
| Name<br><b>YEPES, CARLOS</b>   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>6654 78th Ave N</b> |
| City<br><b>Pinellas Park</b>   |
| State<br><b>FL</b>   |
| Zip Code<br><b>33781</b>   |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

|  |                |
|--|----------------|
| TITLE<br><b>Class A member</b>             | TITLE          |
| NAME<br><b>YEPES CARLOS</b>                | NAME           |
| STREET ADDRESS<br><b>PO Box 17467</b>      | STREET ADDRESS |
| CITY-ST-ZIP<br><b>Clearwater, FL 33762</b> | CITY-ST-ZIP    |
| TITLE<br><b>Class A member</b>             | TITLE          |
| NAME<br><b>GREG A Nowak</b>                | NAME           |
| STREET ADDRESS<br><b>PO Box 7533</b>       | STREET ADDRESS |
| CITY-ST-ZIP<br><b>Clearwater, FL 33758</b> | CITY-ST-ZIP    |
| TITLE                                      | TITLE          |
| NAME                                       | NAME           |
| STREET ADDRESS                             | STREET ADDRESS |
| CITY-ST-ZIP                                | CITY-ST-ZIP    |
| TITLE                                      | TITLE          |
| NAME                                       | NAME           |
| STREET ADDRESS                             | STREET ADDRESS |
| CITY-ST-ZIP                                | CITY-ST-ZIP    |
| TITLE                                      | TITLE          |
| NAME                                       | NAME           |
| STREET ADDRESS                             | STREET ADDRESS |
| CITY-ST-ZIP                                | CITY-ST-ZIP    |

**DO NOT WRITE  
IN THIS SPACE**

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

**3/20/03**

Date

**(727) 536-8686**

Daytime Phone #

CR2E083B (12/02)