2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008107 *AMENDED*

1. Entity Name

RIVERFRONT SHELLEY ENTERPRISES, L.L.C.

FILED

01 OCT 25 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business — Mailing Address

300 SW 1st Avenue, Suite 103
Ft. Lauderdale, FL 33301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Dennis J. Damio
305 South Andrews Ave., Ste. 200
Ft. Lauderdale, FL 33301

7. Name and Address of New Registered Agent

Name: Avner Gordin
Street Address (P.O. Box Number is Not Acceptable): 300 S.W. 1st Avenue
Suite 103
City: Ft. Lauderdale, FL Zip Code: 33301

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 Avner Gordin: [signature] DATE 10/15/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

800004666698--0
-11/06/01--01003--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	Manager	[X] Delete
NAME	Gordin, Avner	
STREET ADDRESS	300 SW 1st Avenue, Suite 103	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	Manager	[ ] Delete
NAME	Shelley, Shelley W.	
STREET ADDRESS	300 SW 1st Avenue, Suite 103	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	Manager	[ ] Change [X] Addition
NAME	S.W. Industrial S.E.	
STREET ADDRESS	300 SW 1st Avenue, Suite 103	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] Shelley W. Shelley: 10/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #