FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am **Secretary of State** DOCUMENT # L01000013114 1. Entity Name 01-22-2002 90018 050 ****55 00 RIVER PARK, L.C. Principal Place of Business Mailing Address C/O ROBERTA SEGAL C/O ROBERTA SEGAL STE. 405, 1065 NE 125TH ST. STE. 405, 1065 NE 125TH ST. MIAMI FL 33161 MIAMI FL 33161 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$5.00 Additional Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEGAL, ROBERTA Street Address (P.O. Box Number is Not Acceptable) STE. 405, 1065 NE 125TH ST. MIAMI FL 33161 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 DATE 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 Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. CR2E083 (9/01) ☐ Change ☐ Addition SEGAL, ROBERTA-NGR. Delete TITLE TITLE NAME NAME 1065 M.E 125th St #405 STREET ADDRESS STREET ADDRESS MORTH WIRMIN 33161 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 by 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.

THE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OP AUTHORISED REPRESENTATIVE