

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000013401

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: CATTLEDRIIVER, LLC

Current Principal Place of Business:

2805 EAST OAKLAND PARK BLVD.
PMB 278
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2805 EAST OAKLAND PARK BLVD.
PMB 278
FT. LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 65-1130606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD P. GREENE, P.A.
2455 EAST SUNRISE BLVD., SUITE 905
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HICKS, WILLIAM E
Address: 2805 EAST OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGR () Delete
Name: LISCUM, DAVE
Address: 2805 EAST OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HICKS, WILLIAM E
Address: 2805 EAST OAKLAND PARK BLVD. #278
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGR (X) Change () Addition
Name: LISCUM, DAVE
Address: 2805 EAST OAKLAND PARK BLVD. #278
City-St-Zip: FT. LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM HICKS

MGR

04/24/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date