

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018507

1. Entity Name

RIVERWOOD PROPERTIES, LLC

Principal Place of Business

819 PINEDALE ROAD  
FORT WALTON BEACH FL 32579

Mailing Address

819 PINEDALE ROAD  
FORT WALTON BEACH FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0558799

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LARSON, LOWELL  
819 PINEDALE ROAD  
SHALIMAR FL 32579

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  Delete  
NAME SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.  
STREET ADDRESS 819 PINEDALE ROAD  
CITY-ST-ZIP SHALIMAR FL 32579

## 10.

## ADDITIONS/CHANGES

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
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Change  Addition

TITLE  Delete  
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CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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.

*Stanley C. Larson, Jr.*

Lowell C. Larson, Jr. 850-863-3242

Date 4-26-02

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90072 050 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)