


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007778 1. Entity Name RIVERSIDE OAKS PROPERTY, LLC	
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FILED

2004 APR 26 P 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O OMI GROUP, INC. 2200 N. COMMERCE PKWY, #100 WESTON, FL 33326	Mailing Address C/O OMI GROUP, INC. 2200 N. COMMERCE PKWY, #100 WESTON, FL 33326
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2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zip	Country	Zip	Country		

02202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3639100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ✓ DELGADO, MARIO R P.A. 2000 PONCE DE LEON BLVD., #102 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACOSTA, NELSON		NAME	2200 N COMMERCE PKWY, #100	
STREET ADDRESS	801 SOUTH UNIVERSITY DRIVE, SUITE K-103A		STREET ADDRESS	WESTON, FL 33326	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	800034064798	
CITY-ST-ZIP			CITY-ST-ZIP	04/27/04--01034--001 **6950.00	
CITY-ST-ZIP			CITY-ST-ZIP		
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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 Date Daytime Phone #