

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



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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DO NOT WRITE IN THIS SPACE

FILED
2005 APR -8 PM 2: 21
50.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3639100	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$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

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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, 2005**

04/28/05--01066--001 **7255.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA, NELSON 801 SOUTH UNIVERSITY DRIVE, SUITE K-103A PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 n. Commerce Pkwy #100 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: _____ 4-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #