

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 25 PM 4:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L02000007778

1. Entity Name

RIVERSIDE OAKS PROPERTY, LLC



Principal Place of Business

801 SOUTH UNIVERSITY DRIVE, SUITE K-103A
PLANTATION FL 33324

Mailing Address

801 SOUTH UNIVERSITY DRIVE, SUITE K-103A
PLANTATION FL 33324

2. Principal Place of Business

96 OMI GROUP, INC
Suite, Apt. #, etc. #100

2200 N. COMMERCE PKWY.

City & State

WESTON, FL

Zip 33326

Country US

3. Mailing Address

96 OMI GROUP, INC
Suite, Apt. #, etc. #100

2200 N. COMMERCE PKWY.

City & State

WESTON, FL

Zip 33326

Country US



CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3639100

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTREPA, P.A.
1840 SW 22 STREET, 4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name MARIO R. DELGADO, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2000 PONCE DE LEON BLVD., #102
City CORAL GABLES FL Zip Code 33134

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

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 Florida Department of State
Due By May 1, 2003

200017109362
04/25/03--01079--006 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ACOSTA, NELSON Delete
STREET ADDRESS 801 SOUTH UNIVERSITY DRIVE, SUITE K-103A
CITY-ST-ZIP PLANTATION FL 33324

TITLE Delete
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE Change Addition
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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 REQUIRED

4-23-03

954-888-6411

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

Date

Daytime Phone #

CR2E083 (10/02)

0025625