

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90002 031 ****50.00

DOCUMENT # L02000027927

1. Entity Name

RIVERSIDE ASSOCIATES, LLC



Principal Place of Business
907 US HIGHWAY 17-92
DEBARY FL 32713

Mailing Address
2051 SHERWOOD FOREST DR
ORANGE CITY FL 32763

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

42-1556209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUKER, DAVID
2051 SHERWOOD FOREST DR
ORANGE CITY FL 32763

Name

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

City

FL

Zip Code

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME COOK, JOHN C
STREET ADDRESS 907 SOUTH US HWY 17-92
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME COOK, GEORGE
STREET ADDRESS 2140 INDIAN TRAIL DR
CITY-ST-ZIP HOWELL MI 48843

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2140 Industrial Dr
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME WILLIAMS, RICHARD J JR
STREET ADDRESS 380 N. OLD WOODWARD AVE., STE 800
CITY-ST-ZIP BIRMINGHAM MI 48009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

9/1/04 (386) 774-7808