AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-07-2003 90616 008 ****50.00
L02000030380

FILED
03 APR 14 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030380

1. Entity Name

RIVERSIDE PLAZA OF MANATEE, LLC

30049593

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
908 Riverside Drive	908 Riverside Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, FL	City & State: Palmetto, FL
Zip: 34221 Country: USA	Zip: 34221 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 05-0541904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carolyn R. Waygood

Street Address (P.O. Box Number is Not Acceptable): Riverside Plaza, 908 Riverside Drive

City: Palmetto FL Zip Code: 34221

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Carolyn R. Waygood 4215 Caloosa Drive Palmetto, FL 34221	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Robert J. Hierak 4215 Caloosa Drive Palmetto, FL 34221	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Charles M. Waygood, Jr. 4311 Caloosa Drive Palmetto, FL 34221	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Charles M. Waygood, Sr. 11620 5th St. East Treasure Island, FL 33706	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/02)

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: Carolyn R Waygood CAROLYN R WAYGOOD 4/4/03 (941) 729-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #