

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019311

Entity Name: RIVERSIDE HOLDINGS LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

730 N.W. 7TH AVE.
BOCA RATON, FL 33306

New Principal Place of Business:

Current Mailing Address:

730 N.W. 7TH AVE.
BOCA RATON, FL 33306

New Mailing Address:

1423 SE 10TH STREET #1
CAPE CORAL, FL 33990

FEI Number: 11-3690717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPOPORT, DOV
2813 CORAL SHORES DR.
FT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

RAPOPORT, DOV
1423 SE 10TH STREET #1
CAPE CORAL, FL 33990 US

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.

SIGNATURE: DOV RAPOPORT

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAPOPORT, DOV
Address: 2813 CORAL SHORES DR.
City-St-Zip: FT LAUDERDALE, FL 33306

Title: MGR () Delete
Name: KEDEM, ILAN
Address: 2813 CORAL SHORES DR.
City-St-Zip: FT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAPOPORT, DOV
Address: 1423 SE 10TH STREET #1
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR (X) Change () Addition
Name: KEDEM, ILAN
Address: 1423 SE 10TH STREET #1
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ILAN KEDEM

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date