

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90235 019 ****50.00

DOCUMENT # L03000020037

1. Entity Name

RI GENERAL PARTNER, LLC



Principal Place of Business

1065 KANE CONCOURSE, STE. 201
BAY HARBOR ISLANDS FL 33154

Mailing Address

1065 KANE CONCOURSE, STE. 201
BAY HARBOR ISLANDS FL 33154

640000000



MOORE

CR2E083 (11/03)

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

02-0695098

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

BRYN, MARK J ESQ
BRYN & ASSOCIATES, PA
2 SOUTH BISCAYNE BLVD, STE 2680
MIAMI FL 33131

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FINVARB, ROBERT I 1065 KANE CONCOURSE, STE. 201 BAY HARBOR ISLANDS FL 33154 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert Finvarb, Manager

1-28-04

305-866-7555