

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90053 037 ****50.00

DOCUMENT # L03000035072

1. Entity Name
RIVERSIDE APARTMENTS, LLC



Principal Place of Business
C/O BANTA PROPERTIES
PO BOX 24943
FT LAUDERDALE, FL 33301

Mailing Address
C/O BANTA PROPERTIES
PO BOX 24943
FT LAUDERDALE, FL 33301

20040654



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-2344914

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ANGELO BARRY & BOLDT, P.A.
515 EAST LAS OLAS BLVD., STE. 850
FORT LAUDERDALE, FL 33301

Name
Angelo Barry + Banta, P.A.
Street Address (P.O. Box Number is Not Acceptable)
515 East Las Olas Blvd, Ste 850
City
Ft Lauderdale FL Zip Code
33301

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BANTA, BRADORD C
1409 MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33304 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BANTA, CATHERINE M
1409 MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33304 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Angelo Barry*

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

4-18-05

Date

954-566-0759

Daytime Phone #