


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90007 030 ****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		
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 59-2344914	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 <u>Angelo and Banta, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>515 E. Las Olas Blvd</u> <u>Suite 850</u> City <u>Ft Lauderdale</u> FL Zip Code <u>33301</u>		
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 <u>Gavin S. Banta, Partner</u> <u>4-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		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 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANTA, CATHERINE M 1409 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Bradford C Banta</u> <u>4-13-06</u> <u>954 566 0759</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					