

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041460

FILED
Apr 29, 2005
Secretary of State

Entity Name: RIVERSIDE REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

1515 NORTH FEDERAL HIGHWAY, SUITE 405
BOCA RATON, FL 33432

New Principal Place of Business:

560 SOUTH BROADWAY
HICKSVILLE, NY 11801

Current Mailing Address:

1515 NORTH FEDERAL HIGHWAY, SUITE 405
BOCA RATON, FL 33432

New Mailing Address:

560 SOUTH BROADWAY
HICKSVILLE, NY 11801

FEI Number: 20-1210421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEVIE, MARK N
1515 NORTH FEDERAL HIGHWAY, SUITE 405
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KRASNA, GARY ESQ.
3010 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON, FL 33431 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: GARY KRASNA, ESQ.

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DOSHI, NITIN
Address: 560 SOUTH BROADWAY
City-St-Zip: HICKSVILLE, NY 11801

Title: MGRM () Change (X) Addition
Name: DOSHI, LEENA M.D.
Address: 560 SOUTH BROADWAY
City-St-Zip: HICKSVILLE, NY 11801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NITIN DOSHI

MGRM

04/29/2005

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