

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041460

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** RIVERSIDE REAL ESTATE HOLDINGS, LLC

**Current Principal Place of Business:**

991 STEWART AVENUE  
BETHPAGE, NY 11714

**New Principal Place of Business:**

**Current Mailing Address:**

991 STEWART AVENUE  
BETHPAGE, NY 11714

**New Mailing Address:**

FEI Number: 20-1210421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GELFAND, MARK ESQ.  
8300 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOSHI, NITIN  
Address: 991 STEWART AVENUE  
City-St-Zip: BETHPAGE, NY 11714

Title: MGRM ( ) Delete  
Name: DOSHI, LEENA M.D.  
Address: 991 STEWART AVENUE  
City-St-Zip: BETHPAGE, NY 11714

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NITIN DOSHI

MGRM

07/14/2008

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