

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046308

1. Entity Name
RIVERFRONT EVENTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 11:32

Principal Place of Business
**1 SLEIMAN PARKWAY, SUITE 270
JACKSONVILLE, FL 32216**

Mailing Address
**1 SLEIMAN PARKWAY, SUITE 270
JACKSONVILLE, FL 32216**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

JS



02032005 Chg-LLC CR2E083 (10/03)

4. FEI Number **73-1706376**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**SMITH, BERNARD E
1 SLEIMAN PARKWAY, SUITE 270
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent
Name **Peter D. Sleiman**
Street Address (P.O. Box Number is Not Acceptable)
1 Sleiman Parkway
Suite 270
City **Jacksonville, FL** Zip Code **32216**

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 Peter D. Sleiman 1-19-05
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 SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216 <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 SLEIMAN, PETER D 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/13/05--01058--015 **50.00

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: Peter D. Sleiman 1/19/05 904/731-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #