

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-20-2005 90037 025 ****50.00

DOCUMENT # L04000062058 1. Entity Name 2332 RIVERSIDE AVENUE, LLC					
Principal Place of Business 2332 RIVERSIDE AVENUE JACKSONVILLE, FL 32204			Mailing Address 2332 RIVERSIDE AVENUE JACKSONVILLE, FL 32204		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
5. Name and Address of Current Registered Agent PATEL, RAJESH M 2332 RIVERSIDE AVENUE JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
4. FEI Number 02-0732318			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
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 reappointing)					
Filing Fee to \$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	SHARDA R. PATEL 2332, Riverside Ave. Jacksonville, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAJESH M. PATEL 2332, Riverside Ave Jacksonville, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 808, Florida Statutes.					
SIGNATURE: RAJESH M. PATEL					
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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04192005 Chg-LLC CR2E083 (10/03)

4/19/05 (904) 388-2530