2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2007 8:00 am Secretary of State

					Secretary or State			
DOCUMENT # L0400080535 1. Entity Name RIVERSIDE ESTATES PARTNERS, LLC						90078 040 ****		
Principal Plac	e of Business	Mailing Address		7				
Principal Place of Business 630 U.S. HIGHWAY 1 SUITE 201 NORTH PALM BEACH, FL 33408 US		105 FOULK ROAD WILMINGTON, DE 19803 US						
				118887111	I BRID RIBIR BRID REIM BEI	H GBIBY HOUR BRYEN BIGIN (IIII) D	 	
2. Principal Place of Business - No P.O. Box #		3. Majing Address SOUS HTG//2027						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State WORTH PALM DEACH FL		4. FEI Numb 20-214		 -	pplied For ot Applicable	
Zip	Country		ountry		of Status Desired	55.00 Add	ditional	
	6. Name and Address of Current I	Registered Agent		7. Name an	Address of New R			
			Name	1				
ALLISON, DONALD M 1515 S. FEDERAL HIGHWAY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 306 BOCA RATON, FL 33432								
	7011,12 00102		City		· • • · · · · · · · · · · · · · · · · ·	FL Zip Cod	le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	tered office or regis	stered agent, or bo	oth, in the State of Fic		and accept	
SIGNATURE .	ions of registered agent.							
Oldinal Gile .								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NQTE: Regis	stered Agent signature requ	uired when reinstating)		DATE		
Fi De	Signature, typed or printed name of registered agent a siling Fee Is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTE: Regis	tered Agent signature requ	uired when reinstelling)		e check payable to a Department of Stat	18	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007		tered Agent signature requ	uired when reinstating)		e check payable to Department of Stat	18	
Di	iling Fee is \$50.00 ue by May 1, 2007	RS/MANAGERS 1		uired when reinstating)	Florida	e check payable to Department of Stat	Addition	
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI	RS/MANAGERS 1	10.	uirad when reinstating)	Florida	e check payable to Department of Stat		
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGR MANTOVANI, KENNETH J III 630 U.S. HIGHWAY 1, STE. 201 NORTH PALM BEACH, FL. 3340	RS/MANAGERS 1 Delete 3	10. Title Name Street address City-St-Zip	uined when reinstating)	Florida	e check payable to a Department of Stat CHANGES	☐ Addition	
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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 reported by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH MANTONALE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE

3-2-07 Date

561 262 7878 Daytime Phone #

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