

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90053 010 \*\*\*138.75

**DOCUMENT # L04000080535**

1. Entity Name  
**RIVERSIDE ESTATES PARTNERS, LLC**



Principal Place of Business  
**1436 10TH CT  
LAKE PARK, FL 33403 US**

Mailing Address  
**1436 10TH CT  
LAKE PARK, FL 33403 US**

2. Principal Place of Business - No P.O. Box #  
**1434 10TH CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**1434 10TH CT**  
Suite, Apt. #, etc.

City & State  
**LAKE PARK, FL**  
Zip  
**33403** Country  
**US**

City & State  
**LAKE PARK, FL**  
Zip  
**33403** Country  
**US**

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2147848**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLISON, DONALD M  
1515 S. FEDERAL HIGHWAY  
SUITE 306  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MANTOVANI, KENNETH J III  
630 U.S. HIGHWAY 1, STE. 201  
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RHOTEN, DAVID L III  
630 U.S. HIGHWAY 1, STE. 201  
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CAPANO, JR, LEWIS J  
105 FAULK RD  
WILMINGTON, DE 19803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MANTOVANI, KENNETH J III  
1434 10TH CT  
LAKE PARK, FL 33403** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RHOTEN, DAVID L III  
1434 10TH CT  
LAKE PARK, FL 33403** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 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 required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #