

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000120020

1. Entity Name
RIVERSIDE NORTH DEVELOPERS LLC



Principal Place of Business
**31731 NORTHWESTERN HWY
SUITE 250W
FARMINGTON HILLS, MI 48334**

Mailing Address
**31731 NORTHWESTERN HWY
SUITE 250W
FARMINGTON HILLS, MI 48334**



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5238916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEZNOS, SAMUEL
2201 NW CORPORATE BLVD., SUITE 100
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BEZNOS, SAM
STREET ADDRESS	2201 NW CORPORATE BLVD SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	JAKOBSON, MARKUS
STREET ADDRESS	2201 NW CORPORATE BLVD., #100
CITY-ST-ZIP	BOC RATON, FL 33431
TITLE	MGRM
NAME	LUPTAK, PAOLA
STREET ADDRESS	2201 NW CORPORATE BLVD., #100
CITY-ST-ZIP	BOC RATON, FL 33431
TITLE	MGRM
NAME	GURFEL, YURI
STREET ADDRESS	1748 BAY DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/03/08-80046-007.138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/28/08

Date

Daytime Phone # _____