

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90005 026 \*\*\*\*50.00

DOCUMENT # L98000001652

1. Entity Name  
BARON RIVERWALK, LLC



Principal Place of Business  
3570 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809

Mailing Address  
3570 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809

24067825



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
31-1675463

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, J. STEPHEN  
3570 U.S. HIGHWAY 98 NORTH  
C/O BARON CAPITAL TRUST  
LAKELAND, FL 33809

Name  
Barcap Realty Services Group, Inc  
Street Address (P.O. Box Number is Not Acceptable)  
90 Baron Capital Trust  
3570 US Hwy 98 N.  
City Lakeland FL Zip Code 33809-3840

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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME ASTORINO, ROBERT L  
STREET ADDRESS 3570 US HWY 98 N  
CITY-ST-ZIP LAKELAND, FL 33809

TITLE MGR ☐ Change ☒ Addition  
NAME Jerome S. Rydell  
STREET ADDRESS 3570 US Hwy 98 N.  
CITY-ST-ZIP Lakeland, FL 33809-3840

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *J. Stephen Miller*

J. Stephen Miller

4-28-04

863-853-2882

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

Date

Daytime Phone #