

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90024 001 ****50.00

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| 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 | | |
| 2. Principal Place of Business 109 West Commercial St. Suite, Apt. #, etc. | | 3. Mailing Address 109 West Commercial St. Suite, Apt. #, etc. | | | |
| City & State Sanford, Florida | | City & State Sanford, Florida | | | |
| Zip 32771 | Country USA | Zip 32771 | Country USA | 4. FEI Number 31-1675463 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC 90 BACON CAPITAL TRUST 3570 US HWY 98 N LAKELAND, FL 33809-3840 | | | | 7. Name and Address of New Registered Agent Name: Barcap Realty Services Group, Inc. Street Address (P.O. Box Number is Not Acceptable): Baron Capital Trust 109 West Commercial Street City: Sanford FL Zip Code: 32771 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$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 | MGR RYDELL, JEROME S 3570 US HWY 98 N. LAKELAND, FL 33809 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 109 West Commercial Street Sanford, Florida 32771 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes. | | | | | |
| SIGNATURE: | | | APR 29 2005 407-688-7762 | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |