2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002526

1. Entity Name

W.C. Riviera Partners, L.C.

Principal Place of Business / Mailing Address

13575 58th Street North
Suite 144/Summit Building
Clearwater, FL 33760

FILED

00 JAN 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
590 Haben Blvd.	590 Haben Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, FL	City & State: Palmetto, FL
Zip: 34222 — Country: U.S.	Zip: 34222 — Country: U.S.

4. FEI Number: 65-0872908 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Caleb J. Grimes, Esquire
1023 Manatee Avenue West
Bradenton, FL 34205

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager — Bradford, Dennis — 13575 58th St. N., Ste. 144 — ~~Clearwater, FL 33760~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager — Riviera Dunes Resorts Mgmt. Company — 590 Haben Boulevard — ~~Palmetto, FL 34222~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition — 300003119813--5 -02/01/00--01139--016 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 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.

RIVIERA DUNES RESORTS MANAGEMENT COMPANY

SIGNATURE: Linda J. Svenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

BY: LINDA SVENSON
AS ITS PRESIDENT