

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001458

1. Entity Name

TB-RIVERWALK GP, L.L.C.

FILED

00 JAN 27 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

210 S.W. 2ND STREET
FORT LAUDERDALE FL 33301

Mailing Address

210 S.W. 2ND STREET
FORT LAUDERDALE FL 33301-1822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0921311

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

ALLEN, LOUISE J
200 EAT BROWARD BLVD., SUITE 1900
FORT LAUDERDALE FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
PETRILLO, TIM
STREET ADDRESS 1520 S.E. 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003118652-9
CITY-ST-ZIP -02/01/00-01080-009

TITLE NAME ☐ Delete
MGR
BOULUKOS, PETER
STREET ADDRESS 6816 N.W. 28TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

TITLE NAME ☐ Delete
MGR
HOOPER, ALAN
STREET ADDRESS 2000 S. OCEAN LANE, APARTMENT 12
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE NAME ☐ Delete
MGR
IVAN, WILLIAM
STREET ADDRESS 741 N.E. 111 STREET
CITY-ST-ZIP BISCAYNE PARK FL 33161

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/24/00
Date

954-523-3233
Daytime Phone #

CR2E083 (9/99)