

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001458		
1. Entity Name TB-RIVERWALK GP, L.L.C.		

Principal Place of Business 200 SW 2ND STREET FORT LAUDERDALE FL 33301	Mailing Address 200 SW 2ND STREET FORT LAUDERDALE FL 33301
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRILLO, TIM 1520 S.E. 2ND STREET FORT LAUDERDALE FL 33301 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOULUKOS, PETER 6816 N.W. 28TH AVENUE FORT LAUDERDALE FL 33309 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOPER, ALAN 2000 S. OCEAN LANE, APARTMENT 12 FORT LAUDERDALE FL 33316 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IVAN, WILLIAM 741 N.E. 111 STREET BISCAYNE PARK FL 33161 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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02/16/04-80033-007 55.00

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 of the filer 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Chapter 6

01/21/04