

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90150 005 ****50.00

DOCUMENT # L99C00006073

1. Entity Name

RIVENDELL COTTAGE HOLDINGS, L.L.C.

Principal Place of Business

**591 MEADOW SWEET CIRCLE
 SARASOTA FL 34229**

Mailing Address

**514 MEADOW SWEET CIR.
 OSPREY FL 34229**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0971122**

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

KING, CLIFFORD M

**~~1800 SECOND STREET #255~~ 2033 Main Street, #303
 SARASOTA FL 34236 34237**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **RIVENDALL COTTAGE HOMES INC**
 STREET ADDRESS **514 MEADOW SWEET CIRCLE**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **MEM** ☐ Delete
 NAME **PROMOVAL CORP**
 STREET ADDRESS **634 RUE ST-JACQUES, BUREAU 600**
 CITY-ST-ZIP **MONTREAL, QB, H3C1C7 CANADA**

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

TITLE **MEM** ☐ Delete
 NAME **DELCAN INTERNATIONAL CORP.**
 STREET ADDRESS **229 SOUTH STATE ST.**
 CITY-ST-ZIP **DOVER DE 19903**

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

TITLE **MEM** ☐ Delete
 NAME **ROGERS, ROBERT R**
 STREET ADDRESS **7125 ST JOHNS WAY**
 CITY-ST-ZIP **UNIVERSITY PARK FL 34201**

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

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:

Robert Merrill **Robert Merrill**

4/10/02 (941) 918-4311

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

Date

Daytime Phone #

CR2E083 (9/01)