

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006216

1. Entity Name

NEW RIVER DEVELOPMENT PARTNERS LLC

Principal Place of Business

8211 WEST BROWARD BLVD. STE 200
PLANTATION FL 33324

Mailing Address

8211 WEST BROWARD BLVD. STE 200
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VALDES-FAULI CORPORATE SERVICES INC
ONE BISCAYNE TOWER STE 3400
2 S. BISCAYNE BLVD
MIAMI FL 33131

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)

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

6088803335156--4
-07/25/00--01052--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME ROSEN, PAUL E
STREET ADDRESS 8211 WEST BROWARD BLVD., STE 200
CITY-ST-ZIP PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME APPUGLIESI, FABIO
STREET ADDRESS 6500 NW 15 AVENUE, STE 400
CITY-ST-ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS 600 HOLLYWOOD BLVD, 7TH FLOOR
CITY-ST-ZIP HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

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

July 19, 2000

Date

954-423-8362

Daytime Phone #

CR2E083 (5/00)