

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002897

1. Entity Name

RIVERSIDE VENTURE PARTNERS, L.L.C.



Principal Place of Business

1925 NORTH FLAGLER DR.
WEST PALM BEACH, FL 33401

Mailing Address

1925 NORTH FLAGLER DR.
WEST PALM BEACH, FL 33401



03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1154932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2004

U00000091946
03/18/04-80029-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
OCEPEK, MARK T
1925 NORTH FLAGLER DR.
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
OCEPEK, ANTHONY S
1925 NORTH FLAGLER DR.
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Mark T. Oceppek

3/16/04

561-820-9447

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

Date

Daytime Phone #