

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90041 030 ****50.00

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

DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1154932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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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:

Mark T. Oceppek

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

Mark T. Oceppek

4/27/05

Date

561-820-9447

Daytime Phone #