

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000675

1. Entity Name
RIVERWALK MANAGERS LLC

FILED

01 APR 20 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
150 E. PALMETTO PARK ROAD, SUITE 750
BOCA RATON FL 33432

Mailing Address
150 E. PALMETTO PARK ROAD, SUITE 750
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
120 E. Palmetto Pk Road
Suite, Apt. #, etc.
425

3. Mailing Address
120 E. Palmetto Pk Road
Suite, Apt. #, etc.
425

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
US

Zip
33432

Country
US

4. FEI Number 65-0844921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASSANDER, TONY 45 SUNNYPPOINT CRESCENT SCARBOROUGH, ONTARIO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYER, ALAN L 121 KING STREET WEST, SUITE 1040 TORONTO, ONTARIO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, WILLIAM E 150 E. PALMETTO PARK ROAD, SUITE 750 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 39 Jarvis Street, #408 Toronto, ON, Canada M5E 1Z5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 E. Palmetto Pk Rd #425 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004084240--3 -04/27/01--01033--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William E Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)