

APPROVED  
AND  
FILED

0006514 AF

00 APR 13 PM 4: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

nmnm

DOCUMENT #  
1. Entity Name  
RIVERWALK GROUP LLC

M98000000676

FILED  
00 APR 13 PM 4:11  
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 33432-4833

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

Country

4. FEI Number  
65-0844924  
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  
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

9. MANAGING MEMBERS/MEMBERS  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
RIVERWALK MANAGERS LLC  
150 E. PALMETTO PARK ROAD, SUITE 750  
BOCA RATON FL 33432  
Delete

10. ADDITIONS/CHANGES  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
900003224189--6  
-04/26/00--01016--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
Change 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/10/00

561 368 9822

Date Daytime Phone #