

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000772

1. Entity Name

G/W RIVERWALK MANAGEMENT, LLC

40 GREENSTREET MANAGEMENT, INC.

Principal Place of Business

~~120 WOOSTER STREET
NEW YORK NY 10012~~

Mailing Address

~~120 WOOSTER STREET
NEW YORK NY 10012-5200~~

*2601 SOUTH BAYSHORE SUITE 1775
COCONUT GROVE FL 33133*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

AFFIRMATIVE MANAGEMENT, INC.

5850 T.G. LEE BLVD., SUITE 345

ATTN: PAUL C. JUBELT

ORLANDO FL 32822

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

Paul C. Jubelt
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

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS AFFIRMATIVE EQUITIES COMPANY, L.P.
CITY-ST-ZIP 120 WOOSTER STREET
NEW YORK NY 10012 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM GREENSTREET WOOSTER ☐ Change ☒ Addition
STREET ADDRESS MANAGEMENT INC.
CITY-ST-ZIP 40 GREENSTREET MANAGEMENT
2601 SOUTH BAYSHORE DR. ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS SUITE 1775
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS MGRM
CITY-ST-ZIP 300003287743-0
-06/14/00--01004--014
*****55.00 *****55.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

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

Date

Daytime Phone #

3/31/00