

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000772

1. Entity Name
G/W RIVERWALK MANAGEMENT, LLC

FILED

01 FEB -1 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2601 SOUTH BAYSHORE, SUITE 1775
COCONUT GROVE FL 33133

Mailing Address
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

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AFFIRMATIVE MANAGEMENT, INC.
5850 T.G. LEE BLVD., SUITE 345
ATTN: PAUL C. JUBELT
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name: GREENSTREET MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable): 2601 SOUTH BAYSHORE DR.
SUITE 1775
City: COCONUT GROVE FL Zip Code: 33133

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

600003708406--2
-02/16/01--01142--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE: MGRM
NAME: GREENSTREET WOOSTER MANAGEMENT, INC.
STREET ADDRESS: 2601 SOUTH BAYSHORE DR., SUITE 1775
CITY-ST-ZIP: COCONUT GROVE FL 33133

10. ADDITIONS/CHANGES

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/26/01 212 925-9600

0008834

AF

CR2E083 (11/00)