

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90028 017 \*\*\*\*50.00

**DOCUMENT # M98000000772**

1. Entity Name  
**G/W RIVERWALK MANAGEMENT, LLC**



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

Mailing Address  
**2601 SOUTH BAYSHORE, SUITE 1775  
COCONUT GROVE, FL 33133**

**14005434**



2. Principal Place of Business

**2601 S. Bayshore Drive**  
Suite, Apt. #, etc.

**Suite 800**

City & State

**Coconut Grove FL**

Zip  
**33133**

Country

3. Mailing Address

**2601 S. Bayshore Drive**  
Suite, Apt. #, etc.

**Suite 800**

City & State

**Miami FL**

Zip  
**33133**

Country

04082005 Chg-LLC CR2E083 (10/03)

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

**STANLEY, SHERRY  
2601 S. BAYSHORE DR.  
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name **Stanley, Sherry A.**  
Street Address (P.O. Box Number is Not Acceptable)

**2601 S. Bayshore Drive Suite 800**  
City **Miami** 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. 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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Greenstreet Wooster Management, Inc**  
STREET ADDRESS **2601 S. Bayshore Drive Suite 800**  
CITY-ST-ZIP **Coconut Grove FL 33133**

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**JEFFREY A SACHNIK FOR**

**4/28/2005**

Date

**305 858 8119**

Daytime Phone #

**Greenstreet Wooster Management, Inc.**