LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State
07-01-2002 90331 001 *1,000.00

DOCUMENT #

1. Entity Name: M98000001538
RIVERSIDE GOLF COURSE AND MARINA, LLC

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POSTED

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2. Principal Place of Business	3. Mailing Address
29399 US Hwy 19 N.	29399 US Hwy 19 N.
Suite, Apt. #, etc.: 320	Suite, Apt. #, etc.: 320
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33761 Country: Pinellas	Zip: 33761 Country: Pinellas

4. FEI Number: 52-2129289 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	CR Golf Course Management
STREET ADDRESS	29399 US Hwy 19 N, Suite 320
CITY-ST-ZIP	Clearwater, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Shannon E. Smith, CFO 727-726-86
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #