

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000138

1. Entity Name
LA VILLA RIVIERA LLC

FILED
00 MAR -7 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA
2/3/21

Principal Place of Business
839 NORTH 11TH STREET
MILWAUKEE WI 53233

Mailing Address
839 NORTH 11TH STREET
MILWAUKEE WI 53233-1401



DO NOT WRITE IN THIS SPACE

| | | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 39-1958831 | | APPLIED FOR | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | Not Applicable |
| City & State | | City & State | | | | | | |
| Zip | Country | Zip | Country | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | | | 10. ADDITIONS / CHANGES | | | |
|-------------------------------|---|---------------------------------|--|-------------------------|--|---------------------------------|-----------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LA VILLA RIVIERA, A GENERAL PARTNERSHIP | | | NAME | | | |
| STREET ADDRESS | 839 NORTH 11TH STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MILWAUKEE WI 53233 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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:

3/2/00 414-274-6000

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

Date

Daytime Phone #