

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093056					
1. Entity Name RIVERWALK MORTGAGE MANAGEMENT COMPANY					
Principal Place of Business 4099 TAMiami TRAIL NORTH SUITE 305 NAPLES, FL 34103			Mailing Address 4099 TAMiami TRAIL NORTH SUITE 305 NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MCCAFFREY, JUDITH E 5811 PELICAN BAY BOULEVARD SUITE 206-A NAPLES, FL 34108				7. Name and Address of New Registered Agent Name: <u>Marilyn L. Taggart</u> Street Address (P.O. Box Number is Not Acceptable): 4099 Tamiami Trail N. Ste. 305 City: <u>Naples</u> <u>FL</u> Zip Code: <u>34103</u>	
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: <u>Marilyn L. Taggart</u> <u>March 22, 2004</u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>WILLIAM E. FITZGERALD</u> <u>4099 TAMiami TRAIL N. SUITE 305</u> <u>NAPLES, FL 34103</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>ASA W. CANDLER, III</u> <u>4099 TAMiami TRAIL N. SUITE 305</u> <u>NAPLES, FL 34103</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>JAMES W. FIELD</u> <u>4099 TAMiami TRAIL N. SUITE 305</u> <u>NAPLES, FL 34103</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>JEFFERY M. SOLOFF</u> <u>4099 TAMiami TRAIL N. SUITE 305</u> <u>NAPLES, FL 34103</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4.18.04</u> Daytime Phone #: <u>239-262-3034</u>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

