

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013394 AT

DOCUMENT # A98000002630



1. Entity Name
RICHLAND MANAGEMENT, LTD.

FILED
03 MAY -6 PH 7:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NJH

Principal Place of Business
**4890 WEST KENNEDY BLVD., STE-850
TAMPA FL 33609-1863**

Mailing Address
**4890 WEST KENNEDY BLVD., STE-850
TAMPA FL 33609-1863**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc. SUITE 920		Suite, Apt. #, etc. SUITE 920		4. FEI Number 59-3606868	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
F&L CORP. THE GREENLEAF BUILDING 200 LAURA STREET JACKSONVILLE FL 32202-3510			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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. 4,824	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F98000006481 URBAN WEST MANAGEMENT, INC. 4890 WEST KENNEDY BLVD., STE-850 TAMPA FL 33609-1863	STREET ADDRESS	SUITE 920
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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CF2E003 (10/02)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Dawn M. Demore* **VP & GP** **4-24-03** **(813) 286-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #