2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B01000000309 **DOCUMENT #** FILED 1. Entity Name RIVIERA ESTATES LIMITED PARTNERSHIP 2003 SEP - 2 PM 12: 53 ซีเทเสดิท OF CORPORATIONS Principal Place of Business Mailing Address 9597 CENTRAL AVENUE 9597 CENTRAL AVENUE TALLAHASSEE, FLORIDA MONTCLAIR CA 91763 MONTCLAIR CA 91763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 4. FEI Number 91-2144942 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBSON, SUE A Street Address (P.O. Box Number is Not Acceptable) 46 N WASHINGTON BLVD. #1 SARASOTA FL 34236 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, typed or printed name of registered agent and title if applicable DATE 11 MAKE CHECK PAYABLE TO FL DEPT OF STATE TO SEE REVERSE SIDE FOR FEE INFORMATION 10. Amount of Capital Contributions 9. Capital Contributions \$2,100,000.00 in FLORIDA to date. as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. B01000009308 / lek CR2F003 (10/02) DOCUMENT # STREET ADDRESS RANCHU DEL SUI MOBILE HOME PARK, LP. NAME 9597 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP MONTCLAUR CA 91763 CITY-ST-ZIP blete B01000000307 DOCUMENT # STREET ADDRESS GRAND VIEW FAST MOBILE HOME ESTATE, LP. NAME 9597-CENTRAL AVENUE STREET ADDRESS 900017188829 CITY-ST-ZIP CITY-ST-ZIP MONTCLAIR CA 91763 <u>04/28/03--</u>01064--014 **526 F94000006662 DOCUMENT # STREET ADDRESS CUNNING MANAGEMENT, NAME 9597 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONTCLAIR CA 91763 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 Trabter 620, Florida Statutes

SIGNATURE:

CHECK HERE

STAPLE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-03

909-624-4278