


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 013 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 40/000016129	
1. Entity Name RCIRM Florida, LLC. ✓	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8669 Commodity Circle Suite, Apt. #, etc. Suite 300 City & State Orlando, FL Zip 32819	Country USA	3. Mailing Address 1 Campus Drive, 3B Suite, Apt. #, etc. Legal Department City & State Parsippany, NJ Zip 07054	Country USA
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 35-1867684		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	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. 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

FEES \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Paul Nichols 6 Sylvan Way Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Duncan H. Cocroft 1 Campus Drive Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eric J. Bock 9 West 57th Street, 37th Floor New York, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager James E. Buckman 9 West 57th Street, 37th Floor New York, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Stephen P. Holmes 1 Campus Drive Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph Huber 1 Campus Drive Parsippany, NJ 07054	TITLE NAME STREET ADDRESS 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: Joseph Huber Joseph Huber, VP 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)