

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2002 AUG 13 AM 11:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

M98000001542

RIVERSIDE GOLF COURSE COMMUNITY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29399 US Hwy 19 N.

Suite, Apt. #, etc.

320

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

3. Mailing Address

29399 US Hwy 19 N.

Suite, Apt. #, etc.

320

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

4. FEI Number

52-2129490

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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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.

SIGNATURE

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

0000021108 PATR 3-1

-07/01/02--90331--001

1000.00 **50.00

B. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	Asset Investors Operating Partnership	29399 US Hwy 19 N, Suite 320	Clearwater, FL 33761
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Shannen E. Smith, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727-726-8668

Date

Daytime Phone #