2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078789

Entity Name: RICHLAND IRVINE, INC.

FILED Apr 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4890 W. KENNEDY BOULEVARD., STE 920 TAMPA, FL 336091863 US **Current Mailing Address: New Mailing Address:** 4890 W. KENNEDY BOULEVARD., STE 920 TAMPA, FL 336091863 US FEI Number: 65-0534142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&L CORP THE GREENLEAF BUILDING 200 LAURA STREET, 3RD FL JACKSONVILLE, FL 322023510 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BRAY, JACK H Name: Name: BRAY, JOHN H 4890 W. KENNEDY BLVD., STE 920 4890 W. KENNEDY BLVD., STE 920 Address: Address: City-St-Zip: TAMPA, FL 336091863 City-St-Zip: TAMPA, FL 336091863 VPS Title: Title: () Delete () Change () Addition Name: BRAY, MATTHEW J Name: 4890 W. KENNEDY BLVD., STE 920 Address: Address: TAMPA, FL 336091863 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WEST, DALE A Name: Name: 4890 W. KENNEDY BLVD., STE 920 Address: Address: TAMPA, FL 336091863 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition SCHAFER, JOHN H SCHAFER, JOHN H Name: Name: Address: 3 IMPERIAL PROMENADE STE 150 Address: 4100 NEWPORT PLACE STE 800 City-St-Zip: SANTA ANA, CA 92707 City-St-Zip: NEWPORT BEACH, CA 92660 Title: Title: () Delete () Change () Addition THURTLE, STEPHEN Name: Name: 2220 DOUGLAS BLVD, SUITE 290 Address: Address: City-St-Zip: ROSEVILLE, CA 95661 City-St-Zip: Title: () Delete Title: AVP () Change (X) Addition Name: Name: LEMONS, DAWN M 4890 W KENNEDY BLVD 920 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M LEMONS AVP 04/21/2004