

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013382 AT

DOCUMENT # A92000000110

1. Entity Name
RICHLAND PROVIDENCE LAKES, LTD.



FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Suite, Apt. #, etc. SUITE 920

Suite, Apt. #, etc. SUITE 920

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3156663

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAY, JACK H
4890 WEST KENNEDY BLVD., STE-850
TAMPA FL 33609-1863

Name

Street Address

City

F & L Corp.
The Greenleaf Building
200 Laura Street
Jacksonville, FL 32202-3510

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le

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 R. J. Wolfe F&L Corp
By: R.J. Wolfe, V.P. 4/28/03

DATE

9. Capital Contributions
as Shown on record. \$730,394.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # S32118
NAME RICHLAND MANAGEMENT, INC.
STREET ADDRESS 4890 WEST KENNEDY BLVD., STE-850
CITY-ST-ZIP TAMPA FL 33609-1863

STREET ADDRESS

CITY-ST-ZIP

SUITE 920

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STREET ADDRESS

CITY-ST-ZIP

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: R. J. Wolfe REQUIRE SIGNATURE OF GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-03

Date

(813) 286-4140

Daytime Phone #

CR2E003 (10/02)