

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001856**

1. Entity Name

RIVERSIDE LHC, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -7 AM 8:56



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609	Mailing Address 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609-2581
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3528805	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSS, SAMUEL K
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. 982811	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000000503 URBAN PROPERTIES OF CALIFORNIA, INC. 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	700003279947-3
CITY - ST - ZIP	-06/07/00--01057--012 ****535.00 ****535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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: *Dele A West* **Treasurer 4/24/00 (813) 286-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR: 003 (1/11)