

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013376 AT

DOCUMENT # **A98000001856**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 12 AM 9:25

66/3

1. Entity Name
RIVERSIDE LHC, LTD.

Principal Place of Business
**4890 W. KENNEDY BOULEVARD, SUITE 950
TAMPA FL 33609-1863**

Mailing Address
**4890 W. KENNEDY BOULEVARD, SUITE 950
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 **59-3528805**

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

**F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510**

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. 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.

9. Capital Contributions as Shown on record. **\$993,931.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,381,568**

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 # **P95000000503**
NAME **URBAN PROPERTIES OF CALIFORNIA, INC.**
STREET ADDRESS **4890 W. KENNEDY BOULEVARD, SUITE 950**
CITY-ST-ZIP **TAMPA FL 33609-1863**

STREET ADDRESS **SUITE 920**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Chuan J. Li* **Chuan J. Li** **Agent VP of GP** **4-24-03 (813) 286-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)