

2001 UNIFORM BUSINESS REPORT (UBR)

0009662 AF

DOCUMENT # A98000002630
 1. Entity Name
RICHLAND MANAGEMENT, LTD.

01 MAY -1 PM 12:31

Principal Place of Business Mailing Address
4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609 **4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
4890 W. Kennedy Boulevard **4890 W. Kennedy Boulevard**
 Suite, Apt. #, etc. Suite #850 Suite, Apt. #, etc. Suite #850
 City & State Tampa, Florida City & State Tampa, Florida
 Zip 33609-1863 Country USA Zip 33609-1863 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3606868** Applied For Not Applicable
 5. Certificate of Status Desired **\$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) **4890 W. Kennedy Boulevard**
 Suite #850
 City Tampa FL Zip Code 33609-1863

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. (NOT) 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. **250,000.** 11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	F98000006481
NAME	URBAN WEST MANAGEMENT, INC.
STREET ADDRESS	4830 WEST KENNEDY BLVD., SUITE 740
CITY-ST-ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4890 W. Kennedy Blvd., #850
CITY-ST-ZIP	Tampa, Florida 33609-1863
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: **Samuel K. Ross** 4.25.2001 813-286-4140
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)