

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034314

DOCUMENT # L00000007679

1. Entity Name
RICHLAND TOWERS - MISSOURI CITY, LLC



FILED

03 MAY - 1 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609**

Mailing Address
**4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609**

2. Principal Place of Business
**4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863**

3. Mailing Address
**4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863**

Zip
US

Country
US

4. FEI Number **59-3478366**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WEST, DALE A
4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609**

7. Name and Address of New Registered Agent
Name
F&L CORP.
Street Address (P.O. Box Number is Not Acceptable)
**THE GREENLEAF BUILDING
200 LAURA STREET, 3RD FLOOR
JACKSONVILLE, FL 32202-3519**
City
FL Zip Code

8. The above named entity submits this statement for the purpose of **F&L Corp** red agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
By: **R.J. Wolfe, V.P.** 4/28/03

SIGNATURE **R.J. Wolfe**
Signature, typed or printed name of registered agent and title if applicable. (Typed name of registered agent required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OAKVILLE RESERVE, LTD. 4890 W KENNEDY BLVD., #850 TAMPA FL 33609-1863 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Oakville Reserve Ltd. 4890 W. Kennedy Blvd., #850 Tampa FL 33609-1863 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700017800667 05/01/03--01009--020 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **DAVID M. JENNIFER** Asst VP of Mgr 4-25-03 (813) 286-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)