2001 UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS P.O. BOX17461 CITY-ST-ZIP CLEARWATER FL 33762 NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name RIVERLAN Principal Place	ND ROAD, LLC	00013528				FILE	ED.						
Principal Place of Business 12380 66TH STREET NORTH, SUITE H LARGO FL 33713 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State City & State City & State City & State Cit	Principal Place						FILE	ED						
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2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & Status Desired \$5.00 Additional Fee Required Fee Required Name YEPES, CARLOS A 12360 667H STREET NORTH, SUITE H LARGO FL 33713 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 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS DO NOT WRITE IN THIS SPACE Applied For Not Applied For Not Applicable Applied For Not Applicable For Required FL Zip Code FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES CITY-ST-ZIP CARLOS YEPES STREET ADDRESS CITY-ST-ZIP CLEARURT TER. CITY ST-ZIP CITY-ST-ZIP COUNTRY Street Address (P.O. Box Number is Not Acceptable) Applied For Not Applicable for Not A	DANGO FL 33	12360 66TH STREET NORTH, SUITE H 12360 66TH STREET NORTH			TE H									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name YEPES, CARLOS A 12360 66TH STREET NORTH, SUITE H LARGO FL 33713 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 Greature, typed or printed name of registered agent and site if approache. (NOTE: Registered Agent signature required when reinstatery) PAPPL Title Note: Registered Agent signature required when reinstatery) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE OARUOS YEPES SIRRET ADDRESS FILE NOMES FILE NOWES FILE		orio	LANGO I E 33/13		•		*** *** **** ***** ****			 618.80 1811 1 88 1				
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE