## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L0000013529

1. Entity Name

## WASHINGTON RIDGE DEVELOPMENT, LLC



FILED
Apr 21, 2003 8:00 am
Secretary of State
0 4 21 2002 20102 221 ******

04-21-2003 90109 031 \*\*\*\*50.00

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City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Deplied  Real Registered Agent  T. Name and Address of Current Registered Agent  T. Name and Address of Name Registered Agent  T.	2. Principal Place of Business 3. Mailing Address					1 1111	H <b>a</b> ir <b>a</b> ir <b>ag</b> ht <b>ag</b> ht <b>ag</b> ht <b>ag</b> ht				
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S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Floride. Tan familiar with, and accept the obligations of registered agent.  8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Tan familiar with, and accept the obligations of registered agent.  8. The Address (FO. Box Number is Not Acceptable)  FL. Zop Code  FL. Zop Code  FL. Zop Code  FL. Sop Code  FL. So	City & Stat	е	City & State	City & State		4. FEI Nui	mber <b>52-227740</b> 9	9	h <del></del> +-		
NRAI SERVICES, INC. 528 E. PARK AVE. TALLAHASSEE RI. 32301  City FL Zip Code  City F	Zip	Country	Zíp	Count	try	5. Certific	ate of Status Desired				
NRAI SERVICES, INC.  526 E. PARK AVE. TALLAHASSEE FI. 32301  City FL Zip Code  6. 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, when 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the state of Florida Department of State on the State of Florida Department of State of Florida Department	<del></del>	6. Name and Address of Curren	t Registered Agent			7. Name a	and Address of New R	egistered A	gent		
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