## 2003 LIMITED LIABILITY COMPANY

## May 06, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L0000014897 05-06-2003 90063 032 \*\*\*\*50.00 RIVER RIDGE TOWNCENTER, L.L.C. Principal Place of Business Mailing Address 231 WEST PARK AVE. 231 WEST PARK AVE. WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3687641 Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent souce WOODMAN, VICTOR E Street Address (P.O. Box Number is Not Acceptable) 250 SOUTH PARK AVE. WINTER PARK FL 32789 Ridge New Port Richey 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 ed Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MEM ☐ Addition TITLE TITLE ☐ Change Delete DOUGLAS, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 136 N. SUMIT ST., #114 CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43604 PRES TITLE Addition TITLE ☐ Delete NAME BOYCE, MIKE NAME ae Road STREET ADDRESS 9201 RIVER RIDGE BLVD. STREET ADDRESS Richey FL CITY-ST-ZIP. NEW PORT RICHEY FL 94654 CITY-ST-7IP TITLE ☐ Delete TITLE , J. Reynolds 324 Ridge Rd. ew Port Richer NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP sec. Theasurer ☐ Delete TITLE DONA J. Williamson NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Director viel sen NAME NAME HELMAT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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.

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

☐ Change

**FILED**