

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92178 035 \*\*\*\*55.00

0034325

**DOCUMENT # L01000000619**

1. Entity Name

**RICHLAND TOWERS - COLUMBUS, LLC**



Principal Place of Business

**4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609**

Mailing Address

**4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

**4890 West Kennedy Blvd.**

**4890 West Kennedy Blvd.**

**Suite 920 etc.**

**Tampa, FL 33609-1863**

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3700407**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, DALE A  
4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609**

Name **F&L CORP.**

Street Address **THE GREENLEAF BUILDING**

**200 LAURA STREET, 3RD FLOOR  
JACKSONVILLE, FL 32202-3510**

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent. **F&L Corp** agent, or both, in the State of Florida. I am familiar with, and accept

By: **R.J. Wolfe, V.P.** 4/28/03

SIGNATURE *RJ Wolfe*

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  Delete  
 NAME **RICHLAND TOWERS-BROADCAST, INC.**  
 STREET ADDRESS **4890 W. KENNEDY BLVD. STE 850**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **MGR**  Change  Addition  
 NAME **RICHLAND TOWERS-BROADCAST, INC.**  
 STREET ADDRESS **4890 W. KENNEDY BLVD. STE. 920**  
 CITY-ST-ZIP **TAMPA, FL 33609-1863**

TITLE  Delete  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

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: *Ricardo M. Jimenez* VP of GP 4-25-03 (813) 286-4140

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

Date

Daytime Phone #

CR2E083 (10/02)