

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

DOCUMENT # L01000004968

1. Entity Name

RICHLAND TOWERS-PEORIA, LLC



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

05-05-2003 92178 033 ****55.00

0034345

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
4890 West Kennedy Blvd.
Suite, Apt., etc.
Suite 920
City & State
Tampa, FL 33609-1863

3. Mailing Address
4890 West Kennedy Blvd.
Suite, Apt., etc.
Suite 920
City & State
Tampa, FL 33609-1863

4. FEI Number
59-3700407

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., STE. 850
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name
F&L CORP.
Street
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
By: R.J. Wolfe, V.P. 4/28/03

agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHLAND TOWERS-BROADCAST, INC. 4890 W. KENNEDY BLVD. STE 850 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHLAND TOWERS-BROADCAST, INC. 4890 W. KENNEDY BLVD. STE. 920 TAMPA, FL 33609-1863	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

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

Date

Daytime Phone #

CR2E083 (10/02)