

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034437

DOCUMENT # L01000005787

1. Entity Name

RICHLAND TOWERS-NEW ORLEANS, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609

Mailing Address

4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609

2. Principal Place of Business

4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863

3. Mailing Address

4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863

Zip

Country

Zip

Country

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., SUITE 850
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name F & L Corp.
Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building
200 Laura St
City Jacksonville FL Zip Code 32202-3510

8. The above named entity submits this statement for the F&L Corp
the obligations of registered agent.

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

SIGNATURE *R 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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS Ste 920
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000017799900
CITY-ST-ZIP 05/01/03--01009--015 **\$5.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: *R Wolfe* *Asst VP of Mgr* 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)