2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State
05-15-2002 90138 018 ****50.00

DOCUMENT # L01000009287

1. Entity Name

RIVER OAKS AT ALAFIA, LLC

Principal Place of Business	Mailing Address
400 NORTH TAMPA STREET SUITE 2300 TAMPA FL 33602	400 NORTH TAMPA STREET SUITE 2300 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5602 No 50TH ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State TAMPA FL 33610	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0638305 ☐ Applied For ☐ Not Applicable

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
MCCAIN, CARTER B ESQ. 400 NORTH TAMPA STREET SUITE 2300 TAMPA FL 33602	Name: NED H. DEAN Street Address (P.O. Box Number is Not Acceptable): 5602 No 50TH ST. City: TAMPA, FL FL Zip Code: 33610

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.

SIGNATURE: Ned H. Dean
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TLE / ME / REET ADDRESS / TY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MANAGER / NED H. DEAN / 5602 N. 50th ST / TAMPA, FL 33610	☐ Change ☑ Addition
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MEMBER / MERRY R WILLIS / 5602 N 50th ST / TAMPA FL 33610	☐ Change ☑ Addition
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
LE / ME / EET ADDRESS / -ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
E / E / ET ADDRESS / -ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
E / E / ET ADDRESS / -ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Ned H. Dean Ned H. Dean 4-30-02 813 623-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #