

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90997 034 ****55.00

DOCUMENT # L01000010322

1. Entity Name

RICHLAND TOWERS - SHREVEPORT, 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

**4890 West Kennedy Blvd.
Suite 920**

Tampa, FL 33609-1863

3. Mailing Address

**4890 West Kennedy Blvd.
Suite, Apt. #, etc.
Suite 920**

Tampa, FL 33609-1863



☒ CHECK HERE IF MAKING CHANGES

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

F&L Corp
By: **R.J. Wolfe, V.P.** 4/28/03

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]* **ASST VP of Mgr** 4-25-03 (813) 286-4146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)