LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # L010000 18735 1. Entity Name 05-12-2002 90609 001 ****50.00 Riverside Court APT's LLC DO NOT WRITE IN THIS SPACE 958350 2. Principal Place of Business 130 H.E. 3. Mailing Address Box 621 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied:For-²¹333*0*5 Not Applicable Country S A. 3302 \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE rishman Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE THAVE. Landerdol 8. The above name of for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Submitathis statem 4-30-02 SIGNATURE で 国際管理 美世間で かんしょ マロコー 9. MANAGING MEMBERS/MANAGERS TITLE TITLE NAME CR2E083B (12/01 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-7IP TITLE TITLE NAME IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 fectiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.