

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90099 029 ****50.00

DOCUMENT # L01000019634



1. Entity Name
RICE INVESTMENT MANAGERS, LLC

Principal Place of Business
**595 WEST GRANADA BLVD.
ORMOND BEACH FL 32174**

Mailing Address
**P.O. BOX 2644
CASHIERS NC 28717**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
595 West Granada Blvd
Suite, Apt. #, etc.
Ormond Beach FL
City & State

3. Mailing Address
Po Box 2644
Suite, Apt. #, etc.
Cashiers N.C.
City & State

32174 *FL*
Zip Country

28717 *Tackson*
Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
 NOT Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WING, GEORGE
595 WEST GRANADA BLVD.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name *Same (no change)*
Street Address (P.O.-Box Number is Not Acceptable)
City **FL** Zip Code

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 *(No Change)* *[Signature]* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR	<input type="checkbox"/> Delete
NAME	RICE, DANIEL L	
STREET ADDRESS	P.O. BOX 2644	
CITY-ST-ZIP	CASHIERS NC 28717	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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]* **1/7/03** **828 226 2376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)