2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PENTED NAME OF SIGNING MANAGING MEMBER,

			-,	• • •		
DOCUMENT # LO2000 1. Entity Name	026054			P=		
RIVER OAKS MOB INVESTORS LLC				FILED 03 OCT 30 AM 8:00		
			SO WE TEST			
Principal Place of Business Mailing Address				SECRETARY AF A-	, ou	
1399 PGA BOULEVARD, SUITE 240 3399 PGA BOULEVARD. SUITI PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 3				SECRETARY OF STA TALLAHASSEE, FLOR	TE.	
TEM DESCRIPTION OF COURSE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			NEN 4:8 1 1881
Principal Place of Business 3. Mailing Address						
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Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State	City & State	State		4. FEI Number 141853603	 	pplied For ot Applicable
Zip Country	Zip	Country	· · · · · ·	5. Certificate of Status Desired	\$5.00 Ad Fee Require	
6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and Address of New Registere		
CORPORATION SERVICE COMPANY			Name			
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525		 	 -			-
*			City FL Zip Code			
8. The above named entity submits this etatement	for the purpose of deposing it	to registered offic	on or register		L	
the obligations of registered agent	for the purpose of changing in		Courtne	-	II Iaiililai Wilii,	and accept
SIGNATURE	1	Asst.	V. Pres	<u>. </u>		3
Signature, typed or printed name of registered age		OTE: Registered Agent		when reinstating) DATE	/ -/	
	Make Check Paya	IOW!!! FEE ble to Florida ly September	Departmen	nt of Steen 0.002361.95 10/07/0301055005	595 \$\$50.00	
9. MANAGING MEMI	BERS/MANAGERS	10.		ADDITIONS/CHANGE		
NTLE * * *	☐ Delete	TITLE	MERI	1	□ Change	Addition
NAME STREET ADDRESS	•	NAME Street addr	ALP-	T LAURICH PARTNER SNIP, LTL TUASHING TON 5T. SUITE O	200	
CITY-ST-ZIP =		CITY-ST-ZIP	ORLA	WOO, FL 32801		
TITLE	☐ Delete	TITLE	NGR	7	☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADOR	2.7.00	DEA BLVD SUITE 240		
CITY-ST-ZIP		CITY-ST-ZIP		BEACH GARDENS, FL 384	110	
ITLE	☐ Delete	TITLE	MGRI	1	☐ Change	Addition
NAME Street Address		NAME STREET ADDR	7AN2	T GALGANO PBA BLVD SUITE DYO		
CITY-ST-ZIP		. CITY-ST-ZIP		BEACH-GARAFUS, FL-3		- (
ITLE	☐ Delete	TITLE			☐ Change	☐ Addition
IAME		NAME Street Addr	22	5000236195 10/30/0301058003	95	, }
ITY-ST-ZIP		CITY-ST-ZIP		10/30/0301058003	**105.00	.]
ITLE	☐ Delete	TITLE			☐ Change	☐ Addition
AME Treet address		NAME STREET ADDR	202			
HTY-ST-ZIP		CITY-ST-ZIP				
ITLE	☐ Delete	TITLE	(F) (F) (F)	NOTATE STREET	Change	Addition
AME TREET ADDRESS		name Street addri			09	<u> </u>
ITY-ST-ZIP		CITY-ST-ZIP		880 n	de	
 I hereby certify that the information supplied wi indicated on this report is true and accurate an limited liability company or the receiver or trust 	d that my signature shall have	the same legal	effect as if ma	ide under oath; that I am a managing memb	ertify that the in per or manage	nformation or of the