_		File on or be will be disso		9, 19	99 or Limite	d Llab	ility Company	, _			
		TY COMPAN	11		Kath	erine I					
ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS								FILED			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee								99 SEP 30 PM 3: 03			
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000003158 RIVERSIDE OFFICE INVESTORS, LLC							SCORE TANKE OF A VALUE TALL AHASSEF FLORIDA 1a. Principal Place of Business Address				
601 RIVERSIDE AVENUE, BLDG. II, SUITE 650 JACKSONVILLE FL 32204							601 RIVERSIDE AVENUE, BLDG. JACKSONVILLE FL 32204				
2 Principal Place of Business				2a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation			e of Formation
Suite, Apt #, etc.				Suite, Apt. #, etc.				12/11/1 4. FEI Number	998	FL	
								1		Applied For	
City & State			C	City & State				59-3550067		· · · · · · · · · · · · · · · · · · ·	Not Applicable
Zip		Country	Zij	р		Count	Ŋ	5. Date of Last P	вероп		Ithered Fee Required
7. Name and Address of Current I				Declatored & cont			·	. Name and Address of New Regis			
SHAW, R. LAMAR JR. 601 RIVERSIDE AVENUE, BLDG. II, SUIT JACKSONVILLE FL 32204 Sulte, Apt. #, etc. SUITE 6 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirms								Zip Code FL I liability company submits this statement for the purpose of changing			
as register	red agent, and	accept the obliga		e oi ric	mua. Such chan	ge was a	outorized by airiima	-			accept the appointment
SIGNATURE [Rogistered Agent Accepturing Appointment] (NOTE Registered Agent signature)											
10. Title	Managing Members/Managers Busi					Busine	ess Street Address	City, State and Zip Code			
MGR SKYLINE REALTYSSERVICES, INC. 601 RIVERSIDE AVENUE BUILDING II, SUITE 650 601 RIVERSIDE AVENUE 601 R											
indicated of limited liab	on this annual re	eport is true and a or the receiver or	accurate and the trustee empower 24	at my : ered to	signature shall h execute this rep PR	ave the cort as re ESII	same legal effect as equired by Chapter (DENT	s if made under oath 608, Florida Statuter	that I am a mais; and that my na O 9 /	naging mer ame appea '27/99	rity that the information ther or manager of the rs in Block 10, or on an 9 4 - 358 - 0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #