

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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FILED

99 SEP 30 PM 3:03

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| FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee |
| \$ 588.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE |

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|---|--------------------------------|
| 1 Name and Mailing Address of Limited Liability Company | DOCUMENT # L98000003158 |
| RIVERSIDE OFFICE INVESTORS, LLC 601 RIVERSIDE AVENUE, BLDG. II, SUITE 650 JACKSONVILLE FL 32204 | |

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| 1a. Principal Place of Business Address | 601 RIVERSIDE AVENUE, BLDG. JACKSONVILLE FL 32204 |
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|-------------------------------|---------------------|
| 2 Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation |
| 12/11/1998 | FL |
| 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 59-3550067 | |
| 5. Date of Last Report | 6. Certificate of Status Desired <input type="checkbox"/> See 7a Additional Fee Required |

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|---|
| 7. Name and Address of Current Registered Agent |
| SHAW, R. LAMAR JR. 601 RIVERSIDE AVENUE, BLDG. II, SUITE JACKSONVILLE FL 32204 |

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| 8. Name and Address of New Registered Agent/Office | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, etc. | |
| SUITE 650 | |
| City | Zip Code |
| | FL |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 09-27-99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|--|---|--------------------------|
| MGR | SKYLINE REALTY SERVICE SKYLINE REALTY SERVICES, INC. | 601 RIVERSIDE AVENUE, BLDG 601 RIVERSIDE AVENUE BUILDING II, SUITE 650 | JACKSONVILLE FL 32204 |

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11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *R. L. Shaw, Jr.* PRESIDENT 09/27/99
 R. LAMAR SHAW, JR. SKYLINE REALTY SERVICES, INC. 904-358-0900