FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90686 003 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003242

RIVERVIEW CENTER ASSOCIATES, L.L.C.

| | | | | See 10 | | | | | |
|---|--|---|---------|--|------------------|---|----------|-----------------------------|------------|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 1111 THIRD AVENUE WEST. SUITE 300 BRADENTON FL 34205 | | 1111 THIRD AVENUE WEST, SUITE 300 BRADENTON FL 34205 | | | , | | | | |
| | | | | | | 3 1 1 1 1 1 1 1 1 1 | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | 4. FEI N | umber 65-0932950 |) | <u> </u> | oplied For ot Applicable | |
| Žìp | Country Zip | | Country | | 5. Certifi | cate of Status Desired | | 5.00 Add | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| DEITRICH, DAVID K | | | | Name | | | | | |
| 1111 | THIRD AVENUE WEST, SUITE 3 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| BRA | DENTON FL 34205 | | | | | | | | |
| | | | | City | | | FL | Zip Cod | е |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| | ogniture, types of protest haire of registered agent | | | | | <u>"</u> | DAIL | | |
| FILE NOW!!! FEE IS \$50.00 | | | | | | | | | |
| Make Check Payable to Florida Department of State Due By May 1, 2003 | | | | | | | | | |
| | | | | ay 1, 2003 | | | | | |
| 9. | MANAGING MEMBE | | 10. | | | ADDITIONS/C | | | |
| TITLE | MGRM | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | DEITRICH, DAVID K | HTE 000 | NAMI | | | | | | |
| CITY-ST-ZIP | 1111 THIRD AVENUE WEST, SU | HE 300 | | ET ADDRESS -ST-ZIP | | | | | |
| | BRADENTON FL 34205 MGRM | | - | | | | | | |
| TITLE NAME | ST. PAUL, ALEXANDRA | ☐ Delete | TITLE | 1 | | | | ☐ Change | Addition |
| STREET ADDRESS | 1111 THIRD AVENUE WEST, SU | ITE 300 | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | BRADENTON FL 34205 | III 300 | | -ST-ZIP | | | | | } |
| TITLE | MGRM | ☐ Delete | TITLE | : | | | | ☐ Change | Addition |
| NAME | PRATHER, ALAN | | - NAME | ~ با حاجب ~ | a management | and a factor to a | | 0.,ago | |
| STREET ADDRESS | 1111 THIRD AVENUE WEST, SU | ITE 300 | STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | BRADENTON FL 34205 | | CITY- | -ST-ZIP | | | | | |
| TITLE | MGRM | ☐ Delete | TITLE | | - | | | ☐ Change | Addition |
| NAME | PETRUFF, PATRICIA | | NAME | E | | | | | } |
| STREET ADDRESS | 1111 THIRD AVENUE WEST, SU | TTE 300 | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | BRADENTON FL 34205 | | CITY- | -ST-ZIP | | , | | | |
| TITLE | MGRM | ☐ Delete | TITLE | I | | | | ☐ Change | Addition |
| NAME | DYE, STEPHEN R | riture and | NAME | I | | | | | J |
| STREET ADDRESS CITY-ST-ZIP | 1111 THIRD AVENUE WEST, SU | IIE 300 | | ET ADDRESS -ST-ZIP | | | | | |
| | BRADENTON FL 34205 | | - | | | | | | |
| TITLE | | ☐ Delete | TITLE | l l | | • | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAME | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | -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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

941- 748-4411

Date