

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005129

FILED
Mar 02, 2004
Secretary of State

Entity Name: THE SEASONS OF FLORIDA, L.L.C.

Current Principal Place of Business:

C/O THE RICHMAN GROUP
599 W. PUTNAM AVE.
GREENWICH, CT 06830

New Principal Place of Business:

Current Mailing Address:

C/O THE RICHMAN GROUP
599 W. PUTNAM AVE.
GREENWICH, CT 06830

New Mailing Address:

FEI Number: 58-2488090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE RICHMAN GROUP OF FLORIDA, INC.
580 VILLAGE BLVD STE. 120
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

THE RICHMAN GROUP OF FLORIDA, INC.
THE BRANDYWINE CENTRE I
580 VILLAGE BLVD STE. 120
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

03/02/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILDER RICHMAN CORP.,
Address: 599 W. PUTNAM AVE.
City-St-Zip: GREENWICH, CT 06830

Title: MGRM () Delete
Name: RICHELSON, ERIC
Address: 4 NEW KING STREET
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GINA K. DODGE, SECRETARY OF MGRM

MGRM

03/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date