2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008781

1. Entity Name

RIW ASSOCIATES 13 C



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90048 043 ****55.00

NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS STREET ADD	I ILIV AGG	SOCIATES, E.L.C.									
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Suite, Apt. #, etc. Suite	<u></u> .									18181 (181 (18)	
City & State Country A. FEI Number 59-3624166 A. FEI Number	2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Zep Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHĚCK HERE IF MAKING CHANGES				
Signature Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Signature	City & State		City & State			00 0024100					
8. Name and Address of Current Registered Agent VOLPE, MICHAEL J 711 STIH AVE S JUTE 201 NAPLES R. 34102 8. The above namod 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 acceptable to the obligations of registered agent. SIGNATURE The above namod 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 acceptable to the obligations of registered agent. SIGNATURE The above namod 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 acceptable to the control of the purpose of purp	Zip	Country	Zip	Zip Country		5. Certificate	e of Status Desired		\$5.00 Ac	fditional	
VOLPE, MICHAEL J 711 STH AVE S SUITE 201 NAPLES FL 34102 City FL Zip Code City FL		6. Name and Address of Curren	t Registered Agent			L ·				ed	
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SIGNATURE Signature bytes or printed name of registered agent and 106 if applicable. PACTE Projectment Apert signature required when rainstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE					City			FL	Zip Coo	de	
SIGNATURE Signature Signa	8. The above	e named entity submits this statement fi	or the purpose of changing it	ts registere	ed office or register	ed agent, or bo	th, in the State of Flor		amiliar with.	and accept	
Signature, typed or perinder degree alignature or equipment recognized where recognized whe	•	and or regional agent.			- 1 -1 -1,						
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGRM WHITE, ROBERT L STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET	- SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature required	when reinstating)		DATE	•		
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indicated on this report is true and securate 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.								urther certifing member	y that the in or manager	formation of the	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE