

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-01-2002 90331 001 *1,000.00

DOCUMENT #

1. Entity Name

M990000001234

CAX RIVERSIDE MAINTENANCE, LLC

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97569

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29399 US Hwy 19 N.

Suite, Apt. #, etc.

320

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

3. Mailing Address

29399 US Hwy 19 N.

Suite, Apt. #, etc.

320

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

4. FEI Number

84-1500239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Nays Street

City

Tallahassee

FL

Zip Code

32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM

Asset Investors Operating Partnership

29399 US Hwy 19 N, Suite 320

Clearwater, FL 33761

TITLE
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

SHANNON E. SMITH, CEO

Date

727-926-84

Daytime Phone #