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: M99000001235
CAX RIVERSIDE II, LLC

DO NOT WRITE IN THIS SPACE

97570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
29399 US Hwy 19 N.	29399 US Hwy 19 N.
Suite, Apt. #, etc.: 320	Suite, Apt. #, etc.: 320
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33761 Country: Pinellas	Zip: 33761 Country: Pinellas

4. FEI Number: 84-1500242 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Asset Investors Operating Partnership
STREET ADDRESS	29399 US Hwy 19 N, Suite 320
CITY-ST-ZIP	Clearwater, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 informat 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 th limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Shannon E Smith CFO 727-726-86
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #