

**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

M99000001236  
CAX RIVERSIDE III, LLC

**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		3. Mailing Address 29399 US Hwy 19 N. Suite, Apt. #, etc. 320 City & State Clearwater, FL Zip 33761		4. FEI Number 84-1500243 Applied For Not Applied	
Country Pinellas		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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97571

**DO NOT WRITE IN THIS SPACE**

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**

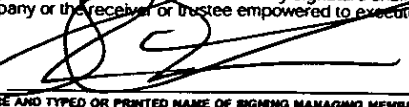
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Asset Investors Operating Partnership 29399 US Hwy 19 N, Suite 320 Clearwater, FL 33761
TITLE 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)(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 606, Florida Statutes.

SIGNATURE:



SHANNON E. SMITH, CEO

727-726-1

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

Date

Daytime Phone #