2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048806

Entity Name: RICHLAND TOWERS, INC.

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
400 N. ASHLEY DRIVE 3010 TAMPA, FL 33602 US				400 N. ASHLEY DRIVE SUITE 3010 TAMPA, FL 33602 US			
Current Mailing Address:				New Mailing Address:			
3010	00 N. ASHLEY DRIVE 010 AMPA, FL 33602 US			400 N. ASHLEY DRIVE SUITE 3010 TAMPA, FL 33602 US			
FEI Number: 59-3383756 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired (X)			
Name and	rrent Registered Agent:	Name and Address of New Registered Agent:					
F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202 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.							
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D BRAY, JOHN H 400 N. ASHLEY D TAMPA, FL 3360	PRIVE, SUITE 3010		Title: Name: Address: City-St-Zip:	P BRAY, JOHN 400 N. ASHL TAMPA, FL	EY DRIVE, SUITE 3010	
Title: Name: Address: City-St-Zip:	VPS () D BRAY, MATTHEW 400 N. ASHLEY D TAMPA, FL 3360:	/ J PRIVE, SUITE 3010		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V () D FLORES, ANTHOI 400 N. ASHLEY D TAMPA, FL 3360	NY PRIVE, SUITE 3010		Title: Name: Address: City-St-Zip:	TROUTMAN, 4100 NEWP	(X) Change () Addition JOHN C ORT PLACE, SUITE 800 BEACH, CA 92660	
Title: Name: Address: City-St-Zip:	AVAS () D LEMONS, DAWN 400 N. ASHLEY D TAMPA, FL 3360	M PRIVE, SUITE 3010		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VT () D WEST, DALE A 400 N. ASHLEY D TAMPA, FL 3360	PRIVE, SUITE 3010		Title: Name: Address: City-St-Zip:	VPT WEST, DALI 400 N. ASHL TAMPA, FL	EY DRIVE, SUITE 3010	
Title: Name: Address: City-St-Zip:	P () D ATKINSON, NIEL : 400 N. ASHLEY D TAMPA, FL 3360:	S PRIVE, SUITE 3010		Title: Name: Address: City-St-Zip:	VP ATKINSON, I 400 N. ASHL TAMPA, FL	EY DRIVE, SUITE 3010	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M. LEMONS AVAS 01/31/2008