2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32118

Entity Name: RICHLAND MANAGEMENT, INC.

FILED Mar 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4890 W KENNEDY BLVD STE 920 4100 NEWPORT PLACE

TAMPA, FL 33609 SUITE 800

NEWPORT BEACH, CA 92660

Current Mailing Address: New Mailing Address:

4890 W KENNEDY BLVD STE 920 4100 NEWPORT PLACE

TAMPA, FL 33609 SUITE 800

NEWPORT BEACH, CA 92660

FEI Number: 65-0242971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current 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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BRAY, JOHN H Name: Name: BRAY, JOHN H

4890 W. KENNEDY BLVD., STE. 920 400 N. ASHLEY DRIVE, SUITE 3010 Address: Address:

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33602

VPS Title: **VPS** Title: () Delete (X) Change () Addition BRAY, MATTHEW J Name: BRAY, MATTHEW J

Name: 4890 W. KENNEDY BLVD., STE. 920 400 N. ASHLEY DRIVE, SUITE 3010 Address: Address:

TAMPA, FL 33609 TAMPA, FL 33602 City-St-Zip:

City-St-Zip:

Title: Title: () Delete VΡ (X) Change () Addition WEST, DALE A WEST, DALE A Name: Name:

4890 W. KENNEDY BLVD #920 400 N. ASHLEY DRIVE, SUITE 800 Address: Address:

TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33602

City-St-Zip:

Title: AVP () Delete Title: ASVP (X) Change () Addition LEMONS, DAWN M LEMONS, DAWN M Name: Name:

Address: 4890 W. KENNEDY BLVD STE. 920 Address: 400 N. ASHLEY DRIVE, SUITE 3010

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33602

Title: Title: (X) Change () Addition () Delete

FALLIERS, JOHN C Name: FALLIERS, JOHN C Name:

4100 NEWPORT PLACE #800 Address: 4100 NEWPORT PLACE, SUITE 800 Address: City-St-Zip: NEWPORT BEACH, CA 92660 City-St-Zip: NEWPORT BEACH, CA 92660

Title: () Delete Title: () Change () Addition

TROUTMAN, JOHN C Name: Name: 4100 NEWPORT PLACE, SUITE 800 Address: Address: City-St-Zip: NEWPORT BEACH, CA 92660 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 **ASVP** 03/20/2007