

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -5 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0013662 AI

DOCUMENT # A00000001724
1. Entity Name
 HOGAN INVESTMENTS, LTD.

| | |
|---|---|
| Principal Place of Business 501 BRIGHTWATERS BLVD. ST. PETERSBURG FL 33704 | Mailing Address 501 BRIGHTWATERS BLVD. ST. PETERSBURG FL 33704 |
|---|---|



| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

DUE BY MAY 1, 2002

4. FEI Number APPLIED FOR
 59-3716283

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOGAN, GERALD F
 501 BRIGHTWATERS BLVD.
 ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 300,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P00000094738 HOGAN INVESTMENTS, INC. 501 BRIGHTWATERS BLVD. ST. PETERSBURG FL 33704 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | 800005729088--6 |
| CITY-ST-ZIP | -06/10/02--01073--004 ***526.75 ***526.25 |
| STREET ADDRESS | BK |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 200, Florida Statutes.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE

CR2E003 (9/01)