## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31270  1. Entity Name				FILED		
THE HOUR GLASS OF ALBANY, LTD.					02 FEB 25 AM 9: 22	
Principal Place of Business Mailing Address  1415 TIMBERLANE ROAD 1415 TIMBERLANE RO TALLAHASSEE FL 32312 TALLAHASSEE FL 3231					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		T (DENEM) NETO 11180 (11856 MEN) NOBIL BENI BROW DIEN BROW DIGHT BUDIL BROW) DE CONTRACTOR DIGHT BUDIL BROWN DIGHT BUDIL BUDIL BROWN DIGHT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		City & State		2	4. FEI Number 59-2888962 Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent	
STEPHENS, JAMES A. 1415 TIMBERLANE ROAD				Street Address (P.O. Box Number is Not Acceptable)		
	SSEE FL 32312					
				City FL Zip Code		
8. The above	named entity submits this different	for the purpose of changing its	register	ed office or regist	tered agent, or both, in the State of Florida.	
SIGNATURE.	Signature typed or printed name of regit ered ago	ant and file if annilicable	<del>_</del>		DATE	
9. Capital Co	ntributions \$125.000.00	<del></del>		butions	11. MAKE CHECK PAYABLE TO DEPT, OF STATE ASSET REVERSE SIDE FOR FEE INFORMATION	
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.		ER INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	K07801 HOUR GLASS MGMT., INC. 1415 TIMBERLANE ROAD TALLAHASSEE FL		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	3000050330932	
DOCUMENT # NAME			STRE	EET ADDRESS	-03/04/0201003006 ****526.25 ****526.25	
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STRES ADDRESS City-St-Zip			CITY	-ST-ZIP		
indicated	certify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	nd that my signature shall have t	he same	e legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	

Date

Daytime Phone #