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FILED
Apr 18, 2002 8:00 am
Secretary of State

03-29-2002 90800 045 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008188

1. Entity Name
HOGAN HABEN, LLC

Principal Place of Business Mailing Address
101 EAST KENNEDY BLVD., SUITE 4000 **101 EAST KENNEDY BLVD., SUITE 4000**
TAMPA FL 33602 **TAMPA FL 33602**

23838



DO NOT WRITE IN THIS SPACE
59-3659709

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3659709		APPLIED FOR		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required		Not Applicable
City & State		City & State		Zip		Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLS, RAYMOND E 101 EAST KENNEDY BLVD., SUITE 4000 TAMPA FL 33602				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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE HOGAN GROUP 101 E KENNEDY BLVD., STE 4000 TAMPA FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 608, Florida Statutes.

SIGNATURE: *Raymond E. Mills* **Raymond E. Mills** 3/18/02 **813-274-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #