


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90130 008 \*\*\*\*50.00

|   |   |
|---|---|
| DOCUMENT # L02000000911<br>1. Entity Name<br>HOGAN BOYETTE, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>101 EAST KENNEDY BLVD.<br>SUITE 4000<br>TAMPA, FL 33602 | Mailing Address<br>101 EAST KENNEDY BLVD.<br>SUITE 4000<br>TAMPA, FL 33602 |
|--|--|

24036293

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02092004 No Chg-LLC CR2E083 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>01-0591124 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |
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| 6. Name and Address of Current Registered Agent<br><br>MILLS, RAYMOND E<br>101 EAST KENNEDY BLVD.<br>SUITE 4000<br>TAMPA, FL 33602 |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>THE HOGAN GROUP<br>101 E. KENNEDY BLVD. #400<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**  
 President The Hogan Group, Inc. **General Partner** Date 3/22/04 (813) 274-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

**The Hogan Group  
 A Florida General Managing Member**