

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L02000005073**

1. Entity Name  
**HLC MANAGEMENT, L.L.C.**



**FILED**

03 OCT -2 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>420 SO. NOVA RD. DAYTONA BEACH FL 32114</b>	Mailing Address <b>420 SO. NOVA RD. DAYTONA BEACH FL 32114</b>
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2. Principal Place of Business <b>138 S SR 415</b>	3. Mailing Address <b>P.O. BOX 1500</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>New Smyrna Bch FL</b>	City & State <b>New Smyrna Bch, FL</b>
Zip <b>32168</b>	Country <b>USA</b>
Zip <b>32170-1500</b>	Country <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**STORCH, GLENN D ESQ  
STORCH, HANSEN & MORRIS, P.A.  
420 SOUTH NOVA RD.  
DAYTONA BEACH FL 32114**

**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. I am familiar with, and accept the obligations of registered agent.**

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 Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS / MANAGERS**

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>OSW MANAGEMENT, LLC</b>	
STREET ADDRESS <b>P.O. BOX 1500</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32127</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS / CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<b>700023514387</b>	
<b>10/02/03--01059--002 **\$50.00</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: [Signature] **REQUIRE** DATE: 9/29/07 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE