2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90030 029 ****55.00

DOCUMENT # L03000047 1. Entity Name HUPP RETAIL CLARK LLC	1431		04-19-2004 90030 029 ****55.00
Principal Place of Business 607 WEST BAY STREET TAMPA, FL 33606	Mailing Address 607 WEST BAY STREE TAMPA, FL 33606	ī	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142004 Chg-LLC CR2E083 (10/03)
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For 57 - 1189904 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Curren	t Registered Agent	Name	7 Name and Address of New Registered Agent
HUPP, ANDREW			Idress (P.O. Box Number is Not Acceptable)
607 WEST BAY STREET TAMPA, FL 33606		Street A	idiess (F.O. Box Nullider is Not Acceptable)
			1
		City	FL Zip Code
The above named entity submits this statement the obligations of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signat	re required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State
9. MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGR NAME HUPP, ANDREW	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS 607 WEST BAY STREET		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33606		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		. NAME	_ Olange _ Needled
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADORESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
 I hereby certify that the information supplied will 			
indicated on this report is true and accurate an	th this filing does not qualify fo d that my signature shall have	the exemption state the same legal effe	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information that if made under oath; that I am a managing member or manager of the
indicated on this report is true and accurate an limited liability company or the receiver or trust	th this filing does not qualify fo d that my signature shall have a grip owered to execute this	r the exemption stat the same legal effe report as required l	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information at as if made under oath; that I am a managing member or manager of the y Chapter 608, Florida Statutes.
indicated on this report is true and accurate an limited liability company or the receiver or rust SIGNATURE:	th this filling does not qualify fo d that nly signature shall have a first owered to execute this	r the exemption stat the same legal effe report as required t	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information at as if made under oath; that I am a managing member or manager of the y Chapter 608, Florida Statutes.