

2000 UNIFORM BUSINESS REPORT (UBR)

007555 AF

DOCUMENT # L98000002131

1. Entity Name
HOGAN PLANT CITY, L.L.C.

Principal Place of Business Mailing Address
 101 EAST KENNEDY BOULEVARD, SUITE 4000 101 EAST KENNEDY BOULEVARD, SUITE 4000
 TAMPA FL 33602 TAMPA FL 33602-5152

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 22 PM 12:49



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SMITH, W. LAWRENCE ESQ. 101 EAST KENNEDY BOULEVARD, SUITE 3700 TAMPA FL 33602				Name Raymond E. Mills					
				Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd Suite 4000					
				City Tampa FL		FL		Zip Code 33602	

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 [Signature] Raymond E. Mills 2/16/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE HOGAN GROUP 101 EAST KENNEDY BOULEVARD, SUITE 4000 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (9/99)

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] SIGNATURE REQUIRED 2/16/00 813/274-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Raymond E. Mills, President