2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002133

1. Entity Name

HOGAN GROUP SEVEN SPRINGS, L.L.C.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-3538262 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, W. LAWRENCE ESQ.
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name _Raymond E. Mills_

Street Address (P.O. Box Number is Not Acceptable) _101 E. Kennedy Blvd._
Suite 4000

City _Tampa_ 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 _____ _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 **MGRM** NAME **THE HOGAN GROUP** STREET ADDRESS **101 EAST KENNEDY BOULEVARD, SUITE 4000** CITY-ST-ZIP **TAMPA FL 33602**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _311100_	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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