

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000697**

1. Entity Name
HOGAN WEST, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 22 PM 12:49

Principal Place of Business: 101 EAST KENNEDY BOULEVARD, SUITE 400 TAMPA FL 33602
Mailing Address: 101 EAST KENNEDY BOULEVARD, SUITE 400 TAMPA FL 33602-5179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. **Suite 4000**
3. Mailing Address: Suite, Apt. #, etc. **Suite 4000**

4. FEI Number: **52-2147696**
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: **MILLS, RAYMOND E, 101 EAST KENNEDY BOULEVARD, SUITE 4000, TAMPA FL 33602**
7. Name and Address of New Registered Agent: Name, Street Address, City, State (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.

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 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	200003159452--4 -03/07/00--01003--009 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]** **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

CR2E083 (9/99)