

2000 UNIFORM BUSINESS REPORT (UBR)

0007522 AF

DOCUMENT # L99000002981

1. Entity Name
HOGAN BIG BEND, 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 4000 TAMPA FL 33602	Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 4000 TAMPA FL 33602-5152
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3579802		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, RAYMOND E
101 EAST KENNEDY BOULEVARD, SUITE 4000
TAMPA FL 33602

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.

SIGNATURE _____ (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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	THE HOGAN GROUP	101 EAST KENNEDY BOULEVARD, SUITE 4000	TAMPA FL 33602	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

Mf 3/1/00

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*****50.00 *****50.00

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] 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)