

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90077 045 ****50.00

DOCUMENT # L99000005924

1. Entity Name
HN CAPITAL L.L.C.

Principal Place of Business
C/O ROZENCWAIG & GRANOFF
ONE SE THIRD AVENUE SUITE 960
MIAMI FL 33131

Mailing Address
C/O ROZENCWAIG & GRANOFF
ONE SE THIRD AVENUE SUITE 960
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7000 ISLAND BLVD # 707

3. Mailing Address
clo 1 SE 3rd Ave

Suite, Apt. #, etc.
AVENTURA FL

Suite, Apt. #, etc.
STE 960

City & State
33160 U.S.

City & State
Miami Fla

4. FEI Number **65-0952108**

Applied For
 Not Applicable

Zip **33131** Country **USA**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG & GRANOFF
ONE SE THIRD AVENUE
SUITE 960
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **LESUE ALAN ROZENCWAIG, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1 SE 3rd Ave

STE 960

City **Miami** FL Zip Code **33131**

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 *Lesue Alan Rozencwaig*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/12/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, ISAAC ONE SE THIRD AVENUE SUITE 960 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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)(1), 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: *Lesue Alan Rozencwaig* **SIGNATURE REQUIRED**

CR2E083 (9/01)