2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008629

1. Entity Name

HBZ Investments, L.L.C.

Principal Place of Business	Mailing Address
6871 Belfort Oaks Place Jacksonville, FL 32216	6871 Belfort Oaks Place Jacksonville, FL 32216

2. Principal Place of Business	**3.** Mailing Address P. O. Box 551260
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Jacksonville, FL

Zip	Country	Zip 32255	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612163 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
Michael N. Schneider 4215 Southpoint Boulevard Suite 100 Jacksonville, FL 32216	Name Michael N. Schneider Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road Building 100 City Jacksonville FL Zip Code 32256

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]_ — Signature, typed or printed name of registered agent and title if applicable — (NOTE. Registered Agent signature required when reinstating) — DATE 7/1/00

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

9. MANAGING MEMBERS / MEMBERS		**10.** ADDITIONS / CHANGES	
TITLE MGMR NAME Zimmerman, Morrie STREET ADDRESS 6871 Belfort Oaks Place CITY-ST-ZIP Jacksonville, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

CR2E083 (11/99)

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]_ MORRIE ZIMMERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #