2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000044078

1. Entity Name
HML IRELAND, LLC

FILED
04 OCT -8 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
100 SECOND AVE. SOUTH, STE. 600 ST PETERSBURG, FL 33701	100 SECOND AVE. SOUTH, STE. 600 ST PETERSBURG, FL 33701

10062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0875399 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E KENNEDY BLVD, STE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00 | **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEYTON, LYNNE 100 SECOND AVENUE SOUTH, STE. 600 ST. PETERSBURG, FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Tyrone Holdings, Inc. 100 Second Avenue South, Ste. 600 St. Petersburg, FL 33701	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEYTON, RODNEY J.W. 100 SECOND AVENUE SOUTH, STE. 600 ST. PETERSBURG, FL 33701	☒ 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100041762841	☐ Change ☐ Addition
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: _____ Richard A. Jacobson, Auth. Rep. 10/07/04 813-222-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

L 03000044078

ACCOUNT NO. : 072100000032

REFERENCE : 919894 4326591

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

FILED
04 OCT -8 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 8, 2004

ORDER TIME : 10:50 AM

ORDER NO. : 919894-005

CUSTOMER NO: 4326591

CUSTOMER: Ms. Eileen Matthews
Fowler White Boggs Banker P.a.
Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

ANNUAL REPORT FILING

RECEIVED
04 OCT -8 PM 12:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: HML IRELAND, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
X PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____