2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A01000000441

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

HOGAN FAMILY ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
936 INTERCOASTAL DRIVE, APT. 4-A FT. LAUDERDALE FL 33304-3640	936 INTERCOASTAL DRIVE, APT. 4-A FT. LAUDERDALE FL 33304-3640

2. Principal Place of Business	3. Mailing Address
936 Intracoastal Dr	Same
Suite, Apt. #, etc.: 4, Ft	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State
Zip: 333044644 Country: Burma	Zip Country

DUE BY MAY 1, 2002

4. FEI Number: 65-1096797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SLOTO, JAMES R ESQ. C/O MISHAN, SLOTO, ET AL 200 S. BISCAYNE BLVD., SUITE 2350 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$450,000.00	450,000	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	HOGAN, JAMES D	CITY-ST-ZIP	
STREET ADDRESS	936 INTERCOASTAL DRIVE, APT. 4-A		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304-3640		
DOCUMENT #		STREET ADDRESS	
NAME	HOGAN, MILLICENT C	CITY-ST-ZIP	
STREET ADDRESS	936 INTERCOASTAL DRIVE, APT. 4-A		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304-3640		
DOCUMENT #		STREET ADDRESS	300005108593--1
NAME			-03/14/02--01065--021
STREET ADDRESS		CITY-ST-ZIP	****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: James D. Hogan 1/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #