2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001562

FILED
02 MAY -1 PM 6:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

MCCANN INVESTMENT PROPERTIES, LTD.

Principal Place of Business	Mailing Address
3225 S. MACDILL AVENUE. PMB #253 SUITE 129 TAMPA FL 33629-8171	3225 S. MACDILL AVENUE. PMB #253 SUITE 129 TAMPA FL 33629-8171

2. Principal Place of Business		3. Mailing Address	
3225 South MacDill Avenue			
Suite, Apt. #, etc.: Suite 111		Suite, Apt. #, etc.	
City & State: Tampa, Florida		City & State	
Zip: 33629	Country: USA	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-3395046 ☐ 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
BRYN, MARK J TWO SOUTH BISCAYNE BLVD., SUITE 3599 MIAMI FL 33131	Name: Street Address (P.O. Box Number is Not Acceptable): Two South Biscayne Boulevard Suite 2680 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$7,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P96000068298	STREET ADDRESS	
NAME	HFC GENERAL PARTNER, INC.		
STREET ADDRESS	3225 S. MACDILL AVENUE, PMB #253, STE. 129	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL 33629-8171		
DOCUMENT #		STREET ADDRESS	
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CR2E003 (9/01)

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: Thomas K. Purcell 4-26-02 (813) 805-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #