2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State A99000001667 DOCUMENT # 1. Entity Name HD/RAD SPRINGHILL, LTD. Mailing Address Principal Place of Business P.O. BOX 320342 4427 WEST KENNEDY BLVD., SUITE 125 **TAMPA FL 33609** TAMPA FL 33679-2342 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3602077 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - -6. Name and Address of Current Registered Agent O'MALLEY, ANDREW M Street Address (P.O. Box Number is Not Acceptable) 712 SOUTH OREGON AVENUE TAMPA FL 33606 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 6, 32,195.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P99000089899 DOCUMENT # STREET ADDRESS NAME HD/RAD SPRING HILL, INC. 4427 WEST KENNEDY BLVD., SUITE 125 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33609** DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , or open the second DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100003284021 -06/12/00--01007--013 DOCUMENT# STREET ADDRESS NAME - ****526, 25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7PP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 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 acquirate 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 President-of