

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 18, 2001 08:00 AM

Secretary of State

DOCUMENT # L00000002916

1. Entity Name
H.I., L.L.C.

Principal Place of Business 12230 FOREST HILL BLVD SUITE 120 WELLINGTON FL 33414	Mailing Address 12230 FOREST HILL BLVD SUITE 120 WELLINGTON FL 33414
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2. Principal Place of Business 12230 FOREST HILL BLVD Suite, Apt. #, etc. SUITE 110 City & State WELLINGTON FL	3. Mailing Address 12230 FOREST HILL BLVD Suite, Apt. #, etc. SUITE 110 City & State WELLINGTON FL
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DO NOT WRITE IN THIS SPACE

Zip 33414	Country	Zip 33414	Country
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4. FEI Number 65-0433503	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN KENNETH E
12230 FOREST HILL BLVD
SUITE 120
WELLINGTON FL 33414 US

7. Name and Address of New Registered Agent
Name
CHANEY HOLLY A
Street Address (P.O. Box Number is Not Acceptable)
12230 FOREST HILL BLVD
SUITE 110
City
WELLINGTON FL Zip Code
33414

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 **HOLLY A. CHANEY**

07/18/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANEY HOLLY A 12230 FOREST HILL BLVD. SUITE 110 WELLINGTON FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERCER LEONARD J 12230 FOREST HILL BLVD SUITE 110 WELLINGTON FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN KENNETH E 12230 FOREST HILL BLVD SUITE 120 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS ROBERT A 12230 FOREST HILL BLVD SUITE 110 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **HOLLY A. CHANEY**

MGR. 07/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)