2001 UNIFORM BUSINESS REPORT (UB	
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DOÇÜI		# L0000	0005117			•		•				•
HOGARTH & ASSOCIATES, LLC							FILED					
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Principal Place	e of Busines	S	Mailing Address				•			•		
7201 GREENV ORLANDO FL			7201 GREENVILLE COURT ORLANDO FL 32819	Γ				SECRETARY OF TALLAHASSEE, F				
	020.0		0.12.130				FIREWAY AND RENE RENE ARM ARM ARM ARM ARM ARM AND AND AND AND AND AND AND					
Principal Place of Business 3. Mailing Address												
7648	Sour	THLAND BLUD	7648 SOUTHLAND BLUD									
Suite, Apt.		•	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State OPLAND FLORIDA			City & State	City & State			FEI Nu	_{imber} 59 -3643122		- +	oplied For ot Applicable	-
Zip			Zip 32809	Cour			5. Certificate of Status Desired		\$	\$5.00 Additional Fee Required		
348		and Address of Current				7.	Name	and Address of New Reg		<u>-</u>	0	_
LICOADTI	L DIOLLADI	` D	,		Name							
HOGARTH, RICHARD R 7201 GREENVILLE COURT					Street A	ddress (P.O. E	Box Nu	mber is Not Acceptable)			-	
) FL 32819								`			
					City				FL	Zip Cod	е	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signatule, typed	or primed risme or registered agent a		<u>-</u>			reinstating	·				1
			FILE NO Make Check Pay		FEE IS \$ to Depart		ate	2000035 -01/24/	010	1013	-007	
9. MANAGING MEMBERS/MEMBERS				10.	•			******5 ADDITIONS/CH		米米米米	×50.00	
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-TITLE			- Delete -	+	E -	MEMB	51	- 30011		Change	. Addition	١.
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TITLE NAME			Delete	TITLI				,	1	Change	Addition	
STREET ADDRESS	•				ET ADORESS							
11. I hereby c	ertify that the	e information supplied with	this filing does not qualify for	the exe	-ST-ZIP mption sta	L ted in Section	119.07	'(3)(i), Florida Statutes. I fui	ther certif	y that the ir	nformation	1
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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
OLON AT	upe /		Lot Hisoria	DE.	<u>*)</u> .l	اح.		رامان	4 ~-	004	00 A B	
SIGNATURE: 1/9/01 407 854-0888 SIGNATURE AND TYPED OR BRITTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #												