

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # L00000006120****1. Entity Name**
HOGANAIR, LLC

Principal Place of Business 101 EAST KENNEDY BOULEVARD, SUITE 4000 TAMPA FL 33629	Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 4000 TAMPA FL 33629
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2. Principal Place of Business 101 EAST KENNEDY BOULEVARD, SUITE 4000 Suite, Apt. #, etc.	3. Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 4000 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-3655330	Applied For <input type="checkbox"/> Not Applicable
Zip 33602	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOGAN MICHAEL D 101 EAST KENNEDY BOULEVARD, SUITE 4000 TAMPA FL 33629	7. Name and Address of New Registered Agent Name HOGAN MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD, SUITE 4000 City TAMPA FL Zip Code 33602
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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** _____ **09/21/2001**
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	MGRM HOGAN MICHAEL D 101 E. KENNEDY BLVD SUITE 4000 TAMPA FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Michael D. Hogan **MGRM** **09/21/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)