

Amended

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Amended Return

DOCUMENT # L00000006353

1. Entity Name
HILLSIDE 3 OFFICE PARK INVESTORS, L.C.



FILED

2004 APR 15 P 11:47

SECRETARY OF STATE



Principal Place of Business
1983 CENTRE POINTE BLVD., STE. 200
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 12500
TALLAHASSEE, FL 32317-2500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3655179

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUILDAY, THOMAS J
1983 CENTRE POINTE BLVD., STE. 200
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM ☒ Delete
NAME HUEY, J. MICHAEL
STREET ADDRESS 1983 CENTRE POINTE BLVD., STE. 200
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME GUILDAY, THOMAS J
STREET ADDRESS 1983 CENTRE POINTE BLVD., STE. 200
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME MGRM
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☒ Delete
NAME TUCKER, J. KENDRICK
STREET ADDRESS 1983 CENTRE POINTE BLVD., STE. 200
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME 400030465274
STREET ADDRESS 04/19/04--01015--018 **25.00
CITY-ST-ZIP

TITLE MEM ☒ Delete
NAME SCHWARTZ, GEOFFREY B
STREET ADDRESS 1983 CENTRE POINTE BLVD., STE. 200
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME F
STREET ADDRESS 400030465274
CITY-ST-ZIP 03/17/04--01056--004 **25.00

TITLE MEM ☒ Delete
NAME WILLIAMS, WILLIAM E
STREET ADDRESS 1983 CENTRE POINTE BLVD., STE. 200
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☒ Delete
NAME FINGAR, ROBERT D
STREET ADDRESS 1983 CENTRE POINTE BLVD., STE. 200
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

T. J. Guldor

3/16/04

224-7091

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

Date

Daytime Phone #