

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000008536****1. Entity Name**
HIGGINS LAND HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
175 SEMORAN COMMERCE PLACE SUITE D APOPKA FL 32704	175 SEMORAN COMMERCE PLACE SUITE D APOPKA FL 32704

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3658782	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINS JAMES S 175 SEMORAN COMMERCE PLACE SUITE D APOPKA FL 32704	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.

SIGNATURE	01/11/2001
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	MGR HIGGINS JAMES S 175 SEMORAN COMMERCE PLACE SUITE D APOPKA FL 32704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: JAMES S. HIGGINS	MGR	01/11/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

CR2E083 (11/00)