

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90027 038 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000010201

1. Entity Name

H & C ISLAND CO., LLC

Principal Place of Business

4591 OYSTER SHELL DRIVE  
NORTH CAPTIVA FL 33924

Mailing Address

P.O. BOX 398  
PINELAND FL 33945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

58-2571139

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR  
NAME: CROWEN, RICHARD C  
STREET ADDRESS: 4591 OYSTER SHELL DR.  
CITY-ST-ZIP: N. GASTONIA FL 33924  Delete

TITLE: MGR  
NAME: CRAVEN, RICHARD C  
STREET ADDRESS: 4591 OYSTER SHELL DR.  
CITY-ST-ZIP: N. CAPTIVA FLA 33924  Change  Addition

TITLE: MGR  
NAME: HARDIMAN, DENNIS  
STREET ADDRESS: 25 ENTERPRISE CENTER  
CITY-ST-ZIP: NEWPORT RI 02842  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  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:

*Richard C. Craven*  
Richard C. Craven

1-5-02

888-385-3154

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

Date

Daytime Phone #

CR2E083 (9/01)