## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000013327

1. Entity Name



FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90014 008 \*\*\*\*50.00

HRN HOL	DINGS, LLC			1				
Principal Place 6965 CALLE DI BOCA RATON		Mailing Address 6965 CALLE DEL PAZ BOCA RATON FL 33433			III AH ARIH SAHA BAKI BAKI A	TAN <b>BAND</b> I SIBBA 161 <b>0</b>	<b>1</b> 1111 <b>1</b> 111	<b>i</b> li 1301 1381
2. Principal P	Place of Business	3. Mailing Address	<del>-</del> ,	-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	CHECK HERE IF	MAKING CHA	NGES	
City & State		City & State		4. FEI Numl	65-1051085		-	plied For
Zip	Country	Zip	Country	5. Certificat	e of Status Desired		0 Add	litional
	6. Name and Address of Current F	legistered Agent		7. Name an	d Address of New Reg	istered Agent		
O. In	DOLLY DODCOT	بالبناء شينيا ويبعاف جيد أدرا	Name	50 Sec. 10 10 10 10 10 10 10 10 10 10 10 10 10				-
696!	PELLI, ROBERT 5 CALLE DEL PAZ	Street Address		(P.O. Box Numb	per is Not Acceptable)			
BUC	CA RATON FL 33433			1,				
			City	-		FL Zi	p Code	9
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or b	oth, in the State of Floric	da. I am familia	r with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	Registered Agent signature require	ard when reinstating)	····	DATE		<del></del>	
<del></del>	og.clos, spead of printed that to distinguished against			<del>``</del>				
		Make Check Payable	W!!! FEE IS \$50.00					}
			•	Jan Or Otato		•		
	MANACING MEMBE	Due	By May 1, 2003	j	ADDITIONS (CI	HANGES		
<b>9.</b>	MANAGING MEMBEF	Due   RS/MANAGERS	By May 1, 2003		ADDITIONS/C		hanne	Addition
9. TITLE NAME	OM	Due	By May 1, 2003		ADDITIONS/C	HANGES	hange	Addition
TITLE		Due   RS/MANAGERS	By May 1, 2003 10.		ADDITIONS/C		hange	Addition
TITLE NAME	OM CUPELLI, ROBERT 21639 NAPA CT. BOCA RATON FL 33433	Due   RS/MANAGERS	By May 1, 2003  10.  TITLE  NAME		ADDITIONS/CI		hange	Addition
TITLE NAME STREET ADDRESS	OM CUPELLI, ROBERT 21639 NAPA CT. BOCA RATON FL 33433 VOM	Due   RS/MANAGERS	By May 1, 2003  10.  TITLE  NAME  STREET ADDRESS	i i	ADDITIONS/CI			Addition 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:**