2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am s Secretary of State DOCUMENT # L0000014704 02-05-2002 90060 014 ****55.00 H.B. LANDCO, L.L.C. Principal Place of Business Mailing Address ARBIE 656 E. HALLANDALE BEACH BLVD. 656 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 15-1092070 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, STANLEY H Street Address (P.O. Box Number is Not Acceptable) 656 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Addition CR2E083 (9/01) ☐ Delete TITI F Change BECK. HAROLD NAME STREET ADDRESS 656 E. HALLANDALE BEACH BLVD. STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Channe

Addition