

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000014942**1. Entity Name
HEP-11-CLER 2, L.C.

Principal Place of Business	Mailing Address
C/O HALVORSEN DEVELOPMENT CORP. 33 SE 4TH ST, STE 100, JEFFREY HALVORSEN BOCA RATON FL 33432	C/O HALVORSEN DEVELOPMENT CORP. 33 SE 4TH ST, STE 100, JEFFREY HALVORSEN BOCA RATON FL 33432

2. Principal Place of Business	3. Mailing Address
C/O HALVORSEN DEVELOPMENT CORP. Suite, Apt. #, etc. 33 SE 4TH ST, STE 100, JEFFREY HALVORSEN	1100 FIFTH AVENUE SOUTH Suite, Apt. #, etc. SUITE 401

City & State	City & State
BOCA RATON FL	NAPLES FL

Zip	Country	Zip	Country
33432	US	34102	US

4. FEI Number	Applied For
59-3711520	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALVORSEN JEFFREY T C/O HALVORSEN DEVELOPMENT CORP. 33 SE 4TH ST, STE 100 BOCA RATON FL 33432	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 _____ DATE **04/25/2001**
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ BRUCE J 1100 FIFTH AVENUE SOUTH, SUITE 401 NAPLES FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ BARRY J 1100 FIFTH AVENUE SOUTH, SUITE 401 NAPLES FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TACKETT JACK O 1100 FIFTH AVENUE SOUTH, SUITE 401 NAPLES FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALVORSEN HOLDINGS, INC. 33 SE 4TH STREET, SUITE 100 BOCA RATON FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JACK O. TACKETT** MGR 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)