2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015396

1. Entity Name

HBTN INVESTMENTS, LLC

Principal Place of Business | Mailing Address

FILED

01 MAR 26 AM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2295 Corporate Blvd., N.W.	2295 Corporate Blvd. NW
Suite, Apt. #, etc.: Suite 222	Suite, Apt. #, etc.: Suite 222
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33431 / Country: USA	Zip: 33431 / Country: USA

4. FEI Number: 65-1064453 — 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
	Name: The Herrick Company, Inc
	Street Address (P.O. Box Number is Not Acceptable): 2295 Corporate Blvd. NW
	Ste 222
	City: Boca Raton FL Zip Code: 33431

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 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	Managing Member Herrick, Norton 2295 Corporate Blvd, NW. Ste222 Boca Raton Fl 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100009959511--0 -04/04/01--01091--018 *****50.00 *****50.00
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CR2E083 (11/00)

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: _____ 3/22/01 561-241 9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #