

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016356			
1. Entity Name HSW PROPERTIES, LLC			
Principal Place of Business c/o ALLEN & GOLDMAN, P.A. 330-B JULIA ST. Key West, FL 33040		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROBERT B. GOLDMAN, Esq. ALLEN & GOLDMAN, P.A. 330-B JULIA ST. Key West, FL 33040			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			

FILED  
01 MAY -3 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
900004336859--7  
-05/31/01--01094--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

DO NOT WRITE IN THIS SPACE

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
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	Manager Francis L. Hager ALLEN & GOLDMAN 330-B JULIA ST. Key West, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager David J. Storck ALLEN & GOLDMAN PA 330-B JULIA ST. Key West, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Craig R. Woodworth ALLEN & GOLDMAN, P.A. 330-B JULIA ST Key West, FL 33040	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
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: Robert B. Goldman Agent 28 April 01 (305) 296-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)