2002 UNIFORM BUSINESS REPORT (UBR)

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May 24, 2002 8:00 am Secretary of State DOCUMENT # L0100003412 04-25-2002 90011 047 ****50.00 1. Entity Name H.C. PROPERTIES, L.I.C. Principal Place of Business Mailing Address 8578 LANDINGS COURT 6578 LANDINGS COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FELNumber Applied For 088901 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD. SUITE 107 **BOCA RATON FL 33431** 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 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MEMBER TITLE Delata IIILE JAY H. LEVINE ☐ Change ☐ Addition 800 NAME NAME 6518 LINDINGS CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOLARATON, FLA 33496 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIITE. ☐ Change - Additlón NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee improved to execute this report as required by Chapter 608, Florida Statutes.

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED