2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006023

1. EntityName
HUPUEWAHOLDINGS,L.C.

FILED

04 MAY 14 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PrincipalPlaceofBusiness	MailingAddress
4040 WOODCOCK DRIVE SUITE 152 JACKSONVILLE, FL 32207	4040 WOODCOCK DRIVE SUITE 152 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

04152004 No Chg-LLC CR2E083(10/03)

4. FEINumber
59-3753734
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

RHODES;DANIEL
12561LOCHLOOSHLANE
JACKSONVILLE,FL32218

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE Daniel L Rhodes 4/15/04

Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	RHODES,JR,DANIELL
STREETADDRESS	12561LOCHLOOSALANE
CITY-ST-ZIP	JACKSONVILLE,FL32218
TITLE	V
NAME	RHODES,ELEANORS
STREETADDRESS	12561LOCHLOOSALANE
CITY-ST-ZIP	JACKSONVILLE,FL32218
TITLE	V
NAME	RHODES,DANIELC
STREETADDRESS	12561LOCHLOOSALANE
CITY-ST-ZIP	JACKSONVILLE,FL32218
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

800038019848
06/16/04--01053--002 **50.00

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$ $50.00

11. Ihereby 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: Daniel L Rhodes 4/15/04 904-399-8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date DaytimePhone#