

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90751 041 \*\*\*\*50.00

**DOCUMENT # L01000006023**

1. Entity Name

**HUPUEWA HOLDINGS, L.C.**



Principal Place of Business

Mailing Address

**4040 WOODCOCK DRIVE  
SUITE 152  
JACKSONVILLE FL 32207**

**4040 WOODCOCK DRIVE  
SUITE 152  
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3753734**

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

**RHODES, DANIEL  
12561 LOCHLOOSH LANE  
JACKSONVILLE FL 32218**

Name **Daniel L. Rhodes JR**

Street Address (P.O. Box Number is Not Acceptable)  
**12561 LochLoosa Lane**

City **Jacksonville** FL Zip Code **32218**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **RHODES, JR, DANIEL L**  
STREET ADDRESS **12561 LOCHLOOSH LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☒ Change ☐ Addition  
NAME **12561 ~~LochLoosa~~ Lane**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **RHODES, ELEANOR S**  
STREET ADDRESS **12561 LOCHLOOSH LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☒ Change ☐ Addition  
NAME **12561 LochLoosa Lane**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **RHODES, DANIEL C**  
STREET ADDRESS **12561 LOCHLOOSH LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☒ Change ☐ Addition  
NAME **12561 LochLoosa Lane**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

**4/10/03**

**399-8010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)