

10-02-2002 90117 015 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000007864**

1. Entity Name  
**KIMBERLEY HANNA & ASSOCIATES, LLC**

Principal Place of Business      Mailing Address  
**1210 CULBREATH ISLES DRIVE**      **1210 CULBREATH ISLES DRIVE**  
**TAMPA FL 33629**      **TAMPA FL 33629**

2. Principal Place of Business      3. Mailing Address  
**3925 W. Bay View Avenue**      **3925 W. Bay View Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Tampa FL**      **Tampa FL**  
 Zip      Country      Zip      Country  
**33611**      **Hillsborough**      **33611**      **Hillsborough**

4. FBI Number      Applied For  
**59-3719663**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**HANNA-KIMBERLEY**  
**1210 CULBREATH ISLES DRIVE**  
**TAMPA FL 33629**

7. Name and Address of New Registered Agent  
 Name **Kimberley Hanna**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3925 W. Bay View Avenue**  
 City **Tampa**      FL      Zip Code **33611**

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       **5/26/02**

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State  
 Due By September 25, 2002


**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>Kimberley Hanna</b> <b>3925 W. Bay View Avenue</b> <b>Tampa, FL 33611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:       **SIGNATURE REQUIRED**      **Kimberley A. Hanna**      **7/10/02**      **813-286-7725**  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Day/Day Phone #

CR2E083 (4/02)