1. DOCUMENT # L01000011324

Name and Mailing Address

03 JAN -6 PH 12: 22

SEURETARY OF STATE TALLAHASSEE, FLORIDA

0004900 01 FP 0.352 \*\*PRSRT T5 0 0615 33609-187060 . Hadaallalladlaadladladladladladladlad STUHAR DEVELOPMENT, L.L.C. 4890 WEST KENNEDY #260 TAMPA FL 33609-1870



2. New	Mailing Address						
City, State, Zip BIVd				4. State/Country of Formation			
City, State	e, Zip	<u> </u>		FL	diam'r an		
1AMDA - 1 33619				**S.* Date Organized or Qualified To Do Business in Florida 07/12/2001			
la e	90 WEST KENNEDY #260	3. New Principal Place of Business Address		6. FEI Number Applied For			
TAMPA FL 33609		City, State, Zip		59-	3730104	Not Applicable	
image		Only, Glaid, Zip	CERTI		CATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
	8. Name and Address of Current	Registered Agent	9. Name and Address of New Registered Agent				
64	SCAAAN ALAN O TOO		Name  MARGARET R. GRAY  Street Address (P.O. Box Number is Not Acceptable)			ed Agent	
-124	SSMAN, ALAN S ESQ. 45 COURT STBEET SUITE 102		Street Address (P.O. Box Number is			is Not Assemble (a)	
CL.	EARWATER FL 33756		4102 CAUSEWAY BLVd				
City				MDA FL Zip Code 33619			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.							
Signature of Registered Agent							
Hegistered	Agent	DISTERED A SENTANION OF THE	<u>: </u>		Date 12_ 3	1102	
11. Names and Street Addresses of Each Managing Member/Manager							
Name of Managing							
mie(s)	Members /Money and		et Address of Each ing Member/Manager		City / State / Zip		
MGR	HCH HOLDINGS, INC.	HOLDINGS INC		<del>-</del> +			
	-	1000 WEST KEN	4890 WEST KENNEDY #260		TAMPA FL 33809		
	· · · · · · · · · · · · · · · · · · ·						
MGR	STEWART G. SMI	TH 4102 (	4102 CAUSEWAY BLVD		TAMPA, FL	33619	
			,	100 miles	00098610		
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			STATEM	LIVE	2002		
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2. I certify	that I am managing member/manager or the reinstatement application the reason for discovery by the limited liability company.	e receiver or trustee empowered to	Overette this and it	<del></del> -			
all fees	s reinstatement application the reason for dis owed by the limited liability company have be de under path	solution has been eliminated, the lim	nited liability company na	n as provided ame satisfies t	for in chapter 608, F.S. 1 f he requirements of section	urther certify that when	
as if ma	owed by the limited liability company have be de under oath.	on paid. The information indicated o	n this application is true	and accurate	, and my signature shall ha	ve the same legal effect	

Signature of

Managing Member/Manager

Typed or printed name of signing Managing Member/Mana