

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91211 043 ****50.00

DOCUMENT # L01000014703

1. Entity Name
HIALEAH GARDENS RE, L.L.C.

Principal Place of Business 5922 CATTLEMEN LANE, SUITE 203 SARASOTA FL 34232	Mailing Address 5922 CATTLEMEN LANE, SUITE 203 SARASOTA FL 34232
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2. Principal Place of Business 803 N. Calhoun St.	3. Mailing Address 803 N. Calhoun St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 65-1133481	Applied For <input type="checkbox"/> Not Applicable
Zip 32303	Country USA	Zip 32303	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECHOW, GERALD A
5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232

Name
Theodore E. Mack

Street Address (P.O. Box Number is Not Acceptable)
803 N. Calhoun St.

City
Tallahassee **FL** Zip Code
32303

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 **Theodore E. Mack** **2/25/2002**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	Theodore E. Mack	803 N. Calhoun St.	Tallahassee, FL 32303				
MGR	Jeffrey W. Hinson	803 N. Calhoun St.	Tallahassee, FL 32303				
MGR	Annette B. Jansenius	803 N. Calhoun St.	Tallahassee, FL 32303				
MGRM	Brookcourt, L.L.C.	803 N. Calhoun St.	Tallahassee, FL 32303				

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: **Jeffrey W. Hinson, MGR** **2/25/2002** **850-638-4654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0040202

CFR2E083 (9/01)