LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000021323

DOCUMENT#

FILED May 12, 2002 8:00 am Secretary of State

HP COMMERCIAL & INDUSTRIAL, LLC DO NOT WRITE IN THIS SPACE					957280		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ORCANDO FC City & State					DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For		
			<u> </u>	ii	me and Address of Current Reg	Fee Required	_
DO NOT WRITE				DOUBLAS G. MACGREBOR			
-	IN THIS SE	Stree	Street Address (P.O. Box Number is Not Acceptable)				
j 110 017(02			95	9500 SATECLITE BUM., SUITE 170 City ORLANDO, FL FL Zincode 37			
				City ORLAND FL FL Zip Code 37			
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office	or registered age	ent, or both, in the State of Florida.		\neg
SIGNATURE	Signature, typed or prijed name of registered agent	Marfleyer			April 3	66th, 2002	
	organicals, typed or proced hame of registered agent		TT IO Aco of			DATE	\Box
		Make Check Pay	EE IS \$50.00 /able to Depa UE BY MAY	rtment of State			
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE	T			
NAME STREET ADDRESS	CAPITAL DEVELOPI 9500 GATELLITE BE ORLANDO FE 32877	YOUT PARTNOY	NAME				201
STREET ADDRESS CITY-ST-ZIP	1500 GATELLITE BE	FIRO IT, LLC	STREET ADDRESS CITY-ST-ZIP	;			CR2E083B (12/01
TITLE	1 52017		TITLE	 	· · · · · · · · · · · · · · · · · · ·		-18
NAME STREET ADDRESS			NAME *				SE
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE				4
NAME . STREET ADDRESS			NAME	İ			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		DO NOT WI	RITE	
TITLE			TITLE		and the second s	<u> </u>	-
NAME STREET ADDRESS		NAME STREET ADDRESS	IN THIS SPACE				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE	† · · · · · · · · · · · · · · · · · · ·			-
NAME STREET ADDRESS			NAME STREET ADDRESS				1
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME			TITLE				-
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				1
11. Thereby ce	ertify that the information supplied with t	nin filing does not as all fact at					

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: // Multiur OF IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE