

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

05-12-2002 90577 024 \*\*\*\*50.00

**DOCUMENT #** L01000021325

**1. Entity Name**

HP PROPERTIES & MANAGEMENT I, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

9500 SATELLITE BLVD.

Suite, Apt. #, etc.

SUITE 170

City & State  
ORLANDO, FL

Zip  
32837

Country  
USA

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

59-3760115

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

DOUGLAS G. MACGREGOR

Street Address (P.O. Box Number is Not Acceptable)

9500 SATELLITE BLVD, SUITE 170

City  
ORLANDO

FL

Zip Code  
32837

**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**

Signature, typed or printed name of registered agent and title if applicable.

Douglas G. MacGregor

April 30th, 2002

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MANAGING MEMBER  
**NAME** CAPITAL DEVELOPMENT PROPERTIES  
**STREET ADDRESS** 9500 SATELLITE BLVD, SUITE 170  
**CITY-ST-ZIP** ORLANDO, FL 32837

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IN THIS SPACE**

**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:**

Douglas G. MacGregor

April 30th, 2002

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

Date

Daytime Phone #

CR2E083B (12/01)