

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

DOCUMENT # 102000000183	
1. Entity Name Hart-Epstein Enterprises, LLC	

FILED
03 JUN -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

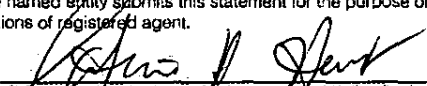
2. Principal Place of Business 2313 Vista Cove Rd.	3. Mailing Address Same
Suite, Apt. #, etc. St. Augustine, Fla	Suite, Apt. #, etc.
City & State	City & State
Zip 32084	Country USA

4. FEI Number 010734900	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Patricia H. Hart	
Street Address (P.O. Box Number is Not Acceptable) 2313 Vista Cove Rd	
City St. Augustine	FL Zip Code 32084

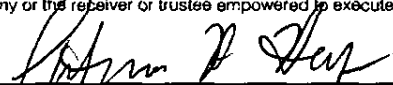
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **May 31, 2003**

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Patricia H. Hart 2313 Vista Cove Rd St. Augustine, Fla 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400020565354 06/06/03-01052-004 4*50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager-co Beverly Epstein PO Box 280 Marlboro, New Jersey 07746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:  DATE **May 31, 2003** 904-819-1702

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

CR2E083B (12/02)