2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200000266

HINSON REALTY, LLC



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90074 005 ****50.00

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TALLAHASSEE FI. 32001 2. Principal Place of Business Suite. Apt. #. etc. City & State City & FL Zip Code 8. The above named serity submits this statement for the purpose of charging is registered agent, or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or both, in the State of Florica. I am fer-lian with, and accept the obligations of registered agent or registered agent or registered agent or registered agent or registered ag	Principal Place of Business				Mailing Address							
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INGRAM, SPENCER A 118 SALEM CT. TALLAHASSEE FL 32301 8. The above named antity 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. **The above named antity 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the St		6. Name	and Address of Curre	istered Agent		7. Name a	nd Address of New Re	egistered A	gent			
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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.

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #