2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90582 009 ****50.00

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DOCUMENT # L02000005090

1. Entity Name
HHR, LLC

Principal Place of Business	Mailing Address
C/O JAMES L. TURNER 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	C/O JAMES L. TURNER 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

2. Principal Place of Business	3. Mailing Address
MOTE SCIENTIFIC FOUNDATION	
Suite, Apt. #, etc. 1600 KEN THOMPSON PKWY	Suite, Apt. #, etc.
City & State SARASOTA FL	City & State
Zip 34236 / Country SARASOTA	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	Name: MOTE SCIENTIFIC FD, INC Street Address (P.O. Box Number Is Not Acceptable): 1600 KEN THOMPSON PKWY City: SARASOTA FL Zip Code: 34236

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: Helen Pratt MGRM — 4-30-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER Hull 3637 WHITE LANE SARASOTA FL 34242 MGRM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helen Pratt 4603 Selma St SACASOTA FL 34232 MGRM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill GALVANO 1023 MANATEE AVE W BRADENTON, FL 34205 MGRM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kumar MATHADEVAN 5420 AZURE WAY SARASOTA FL 34242 MGRM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Ritchie 329 55TH AVE ST PETE BEACH FL 33706 MGRM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: MGRM — 4/30/03 — 941-544-7232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)