

FILED  
Mar 19, 2003 8:00 am  
Secretary of State

01-22-2003 90092 005 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # L02000013483

1. Entity Name  
HAND AVENUE, LLC



Principal Place of Business  
675 NORTH BEACH STREET  
ORMOND BEACH FL 32174

Mailing Address  
PO BOX 730086  
ORMOND BEACH FL 32173

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
261452083

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

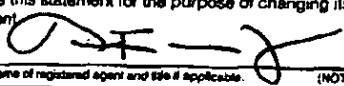
Applied For  
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
HOLUB, PAUL F JR.  
675 NORTH BEACH STREET  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 1/3/03

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME              | STREET ADDRESS   | CITY-STATE-ZIP        | <input type="checkbox"/> Delete |
|-------|-------------------|------------------|-----------------------|---------------------------------|
|       | Managing member   |                  |                       |                                 |
|       | PAUL F. HOLUB JR. | 675 N. Beach St. | ORMOND BEACH FL 32174 |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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:  DATE 1-3-03

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