

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000016669

FILED
May 23, 2003
Secretary of State

Entity Name: THE HARTMAN GROUP LLC

Current Principal Place of Business:

743 NE 17 WAY
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

743 NE 17 WAY
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 02-0631352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRUNDAGE, GRANT
Address: 743 NE 17 WAY
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: KARTEN, DANIEL
Address: 709 SAINT ANDREWS ROAD
City-St-Zip: HOLLYWOOD, FL 330211

Title: MGRM () Delete
Name: ROE, JASON
Address: 1600 SE 15 STREET, #410
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL KARTEN

MGR

05/23/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date