

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED

03 FEB 11 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029327

1. Entity Name
Hugh Branch, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2900 North 441
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 598
Suite, Apt. #, etc.

City & State
Belle Glade FL

City & State
Pahokee, FL

Zip
33430

Country
USA

Zip
33476

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2089097

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Mark J. Nowicki

Street Address (P.O. Box Number is Not Acceptable)
14155 U.S. Highway One, Suite 210

City Juno Beach FL Zip Code 33408

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 2/3/03

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 Hugh H. Branch, Inc. P.O. Box 598 Pahokee FL 33476
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800012321338
02/11/03--01079--009 **50.00

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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 2/3/03 DAYTIME PHONE # 561-624-1444