

Amended

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILE # 583109903188
04-14-2003 90004 049 ****50.00

2003 JUN 20 AM 10:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029327
1. Entity Name
HUGH BRANCH, LLC

Principal Place of Business
2900 NORTH 441
BELLE GLADE FL 33430
Mailing Address
P.O. BOX 598
PAHOKEE FL 33478

2. Principal Place of Business
2900 State Road 15
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Belle Glade, Fl.

City & State

4. FEI Number
54-2089097
Applied For
Not Applicable

Zip
33430
Country
Palm Beach

Zip
Country

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

6. Name and Address of Current Registered Agent
NOWICKI, MARK J.
14155 U.S. HIGHWAY ONE, SUITE 210
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

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.

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

SIGNATURE
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)
DATE

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-ST-ZIP	MGR HUGH H. BRANCH, INC. P.O. BOX 598 PAHOKEE FL 33478
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-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: *Hugh H. Branch*

4/11/03 561-996-6500

CR2003 (10/02)