LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-03-2003 90020 019 ****50.00

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1. Entity Name

HD WESTON LLC

55026056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4427 W. Kennedy Blvd.	P.O. Box 320342
Suite, Apt. #, etc. #125	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33609 Country	Zip 33679-2342 Country

4. FEI Number 33-1036782 ☐ 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 Andrew M. O'Malley

Street Address (P.O. Box Number is Not Acceptable)

712 S. Oregon Ave.

City Tampa FL Zip Code 33606

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
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Douglas, Bradford G.
STREET ADDRESS	4427 W. Kennedy Blvd., #125
CITY-ST-ZIP	Tampa, FL 33609
TITLE	MGRM
NAME	Hunt, Hamilton E. Jr.
STREET ADDRESS	4427 W. Kennedy Blvd., #125
CITY-ST-ZIP	Tampa, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E063B (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: _____ 813-289-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Bradford G. Douglas, Managing Member.