FILED
Jun 16, 2003 8:00 am
Secretary of State

4/30

04-30-2003 90187 046 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033081

1. Entity Name
HOFFNER-CONWAY HOLDINGS, LLC

Principal Place of Business	Mailing Address
7802 KINGPOINTE PKWY., STE. 209 ORLANDO, FL 32819	7802 KINGPOINTE PKWY., STE. 209 ORLANDO, FL 32819

44004535

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2392886 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

XDEAN MEAD SERVICES, INCXXXXX
XX800X MAGNOLIA AVEXSTE. 1500XXXX
XORLANDO, FLX32803XXXXXXXXX
HARPER, Daniel E.
7802 Kingspointe PKWY., Suite 209
Orlando, Fl., 32819

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 ____________________ (signature)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARTLEMAY, Victor 7802 Kingspointe PKWY., Suite 209, Orlando, Fl., 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: (signature) Daniel E. Harper 4/25/03 407 370 0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #