AMENDED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
04-30-2003 90187 046 ****55.00
09-12-2003 90063 012 ****55.00
L02000033081
03 SEP 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

000640

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

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

9/16

☐ 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	7. Name and Address of New Registered Agent
DEAN MEAD SERVICES, INC. 800 N. MAGNOLIA AVE., STE. 1500 ORLANDO FL 32803	Name: DANIEL HARPER Street Address (P.O. Box Number is Not Acceptable): 7802 KINGSPOINTE PKWY. S-209 City: ORLANDO FL Zip Code: 32819

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] 8/29/03
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. HARPER, DANIEL 7802 KINGSPOINTE PKWY S-209 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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 8/29/03 407-370-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #