

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90048 005 \*\*\*\*50.00

DOCUMENT # L02000033931

1. Entity Name

HPPC, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

3501 Del Prado Blvd.,

3501 Del Prado Blvd.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

206

City & State

City & State

Cape Coral, Florida

Cape Coral, Florida

4. FEI Number

86-1051818

Applied For

Not Applicable

Zip

Country

33904

USA

Zip

Country

33904

USA

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Christopher J. Shields, Esq.

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

1833 Hendry Street

City

Fort Myers

FL

Zip Code

33901

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

DATE

**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  
Managing Member  
Lester E. Weiner  
3501 Del Prado Blvd., # 206  
Cape Coral, Florida 33904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member Representative  
Lester E. Weiner  
Same as above  
Same as above

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Tax Matters Member  
Lester E. Weiner  
Same as above  
Same as above

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*Lester E. Weiner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March - 19, 2003 (239) 540-8333

Date

Daytime Phone #

CR2E083B (12/02)