


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

10/2

0008653

DOCUMENT # L02000033942			
1. Entity Name HAPPY HOUR INVESTMENTS, LLC			
Principal Place of Business 4640 CLEAR LAKE DRIVE GAINESVILLE FL 32607		Mailing Address 4640 CLEAR LAKE DRIVE GAINESVILLE FL 32607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 OCT 18 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLASER, RICHARD S 10104 SW 17TH PLACE GAINESVILLE FL 32607		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 *R. Blaser* (NOTE: Registered Agent signature required when reinstating) DATE 10/10/04

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 <i>Secretary</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Richard Blaser</i>		NAME	
STREET ADDRESS <i>Same</i>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <i>U.P.</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Sandy Blaser</i>		NAME	
STREET ADDRESS <i>San</i>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <i>President</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Terril Wayne</i>		NAME	
STREET ADDRESS <i>4640 Clear Lake Dr</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Gainesville FL 32607</i>		CITY-ST-ZIP	
TITLE <i>Treasurer</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Bill Wayne</i>		NAME	
STREET ADDRESS <i>4640 Clear Lake Dr</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Gainesville FL 32607</i>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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10/18/04--01090--003 **50.00

2003-2004 REINSTATEMENT

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]* SIGNATURE REQUIRED DATE 10/10/04 (572) 494-1788

CR2E083 (4/03)

10/12/04 20f2

Please see enclosed check for 2004
LLC Fee of \$50.00. # 3025.

I am also requesting re-enrollment
for 2003 as it looks as if the
refilled paperwork was not received and
check was cashed for \$150⁰⁰ on Jan 6, 2004.
per Angus.

Thanks

Bill Wayne
(352) 494-1798