

10/2

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033942

1. Entity Name
HAPPY HOUR INVESTMENTS, LLC



Principal Place of Business Mailing Address

**4640 CLEAR LAKE DRIVE
GAINESVILLE FL 32607** **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 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLASER, RICHARD S
10104 SW 17TH PLACE
GAINESVILLE FL 32607**

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 *R. Blaser* DATE 10/10/04

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]* DATE 10/10/04 DAYTIME PHONE # (817) 494-1798

SIGNATURE REQUIRED

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

CR2E083 (4/03)

10/12/04 2 of 2

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

I am also requesting re-estatement
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