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

L02000034012 **DOCUMENT#**

1. Entity Name

HASEY ENTERPRISES III, LLC



FILED Mar 21, 2003 8:00 am Secretary of State 03-21-2003 90029 026 ****50.00

561 368 5521

	. 45	30.0	5-28	Diam'	1,00	195	.0%	1.	# ·	S			5 i	Same.	a. O.	" W	. U	1000	h. 6.171	St. State of St.	the officer and	alas e	5 14	J. HERE	1.0	Bereit.		4.5		0
1	-			- 5			-		_												3				~	P				ж.
13	34.3		316	3	- 10		:550	10.0	min.		•		, ,	54	35		10	11	A	book.	(C)	3 8		100	-		,,,	uri.	die.	-
		,	1.25	2.0				7	- E	115		-			5. E	40.0								100	-		-		~ -	Ξ.

2. Principal Plac	e of Business S, FEDERA HW	3. Mailing Address	mE								
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
BOLA State		City & State			4. FEI Number Applied F Not Applied F						
^{Zip} 3343 <i>a</i>	 	Zip	Country		Certificate of Status Desired						
	· · · · · · · · · · · · · · · · · · ·				7. Name and Address of Current Re	egistered A	gent				
<u>.</u>			Name	Name FRANK T. Pilotte ESQ							
	DO NOT WR	JIE,	Street Address (P.O. Box Number is Not Acceptable)								
191 14	IN THIS SPA	re					,				
		NO ESCAPACIONES ANTONIO DE SERVICIO DE SER	340	ROY	PALPALM WAY SUITE 100						
			City (AUN	n Beach FL 35948						
8. The above na	med entity submits this statement for the	e purpose of changing its re	eaistered office	or reaistere	ed agent, or both, in the State of Florid	ta. I am fam					
	s of registered agent.	- p	9								
SIGNATURE - Sig	nature, typed or printed name of registered agent and t	tle if applicable.			· · · · · · · · · · · · · · · · · · ·	DATE					
		E	E IS \$50.00								
		Make Check Payable	en e en alla en la	THE PROPERTY OF THE PARTY OF TH	nt of State						
			IE BY MAY								
9.	MANNACING MEMBERS	/MANAGERS			Control of the state of the sta						
TITLE	Manager		THTLE		dechronical results that have to be entirely #1000 and the 172	2000年	1. 10 10 10 10 10 10 10 10 10 10 10 10 10				
NAME	William J Hasey Jr.		NAME								
STREET ADDRESS	1877 S Federal Hwy Suite 20)2	STREET ADDRESS	A PROBLEM	i kunding kalangan dan di melalah pampan di mengalah per		Carran Tradition				
CITY-ST-ZIP	Boca Raton, FL 33432		- CITY-ST-ZIP		Mittellier and de la season de l Respublica de la season de la se						
TITLE	Manager		TITLE	11222		NAME OF THE PARTY					
NAME	Martin J Hasey		NAME								
STREET ADDRESS	42 N Swinton Ave		STREET ADDRESS	16.96		Barrier Commencer					
CITY-ST-ZIP	Delray Beach, FL 33444		CITY-ST-ZIP			(Baren)					
TITLE	Manager		MLE			事。					
NAME	Marilyn R Fazioli	~~	NAME				A STATE OF THE STA				
STREET ADDRESS	1877 S Federal Hwy Suite 2	02	STREET ADDRESS		DO NOT V	VRIT					
CITY-ST-ZIP	Boca Raton, FL 33432	* ·	=CITY+ST+ZIP	- 3 (A)		9-8-2-1-1	and the state of the same of t				
TITLE			THILE		IN THIS S	PACI					
NAME "			NAME	10 (S) (S)	PROBLEM BY AND THE REST	· · · · · · · · · · · · · · · · · · ·	The same of the same of the same of				
STREET ADDRESS CITY-ST-ZIP		•	STREET ADORESS	NO STATE OF ME		in the second of					
			Earth Tail Code 162								
TITLE NAME			TITLE NAME			はかかい	Action of the second				
STREET ADDRESS			STREET ADDRESS	1863							
CITY-ST-ZIP			CITY-ST-ZIP			工 通過					
TITLE	= I . F		TITLE								
NAME			NAME	E RATE OF	er og staten er programmer for en er er en er						
STREET ADDRESS			STREET ADDRESS	Acres 14 a							
CITY-ST-ZIP			CITY+ST-ZIP	16 15 16 16 16 16 16 16 16 16 16 16 16 16 16		到常数	THE RESERVE OF THE STREET, AND ADDRESS OF THE STREET, AND ADDRESS OF THE STREET, AND ADDRESS OF THE STREET, ADDRES				
11. I hereby cert	ify that the information supplied with this this report is true and accurate and tha ty company or the receiver or trustee en	s filing does not qualify for the my signature shall have the	ne exemption st same legal eff	ated in Sec	ction 119.07(3)(i), Florida Statutes. I fu ade under oath; that I am a managing	rther certify g member o	that the information r manager of the				

AGER, OF AUTHORIZED REPRESENTATIVE