

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90042 003 ****50.00

DOCUMENT # L03000003832	
1. Entity Name HR LIMITED LIABILITY COMPANY	

Principal Place of Business 12367 MANDARIN ROAD JACKSONVILLE, FL 32223 US	Mailing Address 12367 MANDARIN ROAD JACKSONVILLE, FL 32223 US
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24053898



2. Principal Place of Business 725-6 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233	3. Mailing Address 725-6 ATLANTIC BLVD ATLANTIC BEACH, FL 32233
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State ATLANTIC BEACH, FL	City & State ATLANTIC BEACH, FL
Zip 32233	Zip 32233
Country USA	Country USA

4. FEI Number 59-3766442	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent SEARS, CHARLES A 3616 EMERSON STREET JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

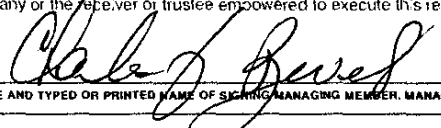
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee paid. (NOTE: Registered Agent signature required when reinstating.) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSON, PAUL E 11362-1 SAN JOSE BLVD JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REVELS, CHARLES F 12367 MANDARIN ROAD JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:  **04/19/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day of Filing