FILED Feb 12, 2004 8:00 am Secretary of State 02-03-2004 90051 010 ****50.00

| DOCUMENT 1. Entity Name HENDERSON BR | • | | | | | | |
|---|----------------|--|-------------|-------------------------|--|--|--|
| Principal Place of Business 711 S. HOWARD AVE, STE 200 | | Mailing Address 711 S. HOWARD AVE, STE 200 | | | | 34000367 | |
| TAMPA, FL 33606 | | TAMPA, FL 33606 | | | - { | 3400000 | |
| 2. Principat Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | • | |
| City & State | | City & State | | | } | A SSI Number | |
| | | Zip Country | | | | 30 - 0/83/34 Not Applicable | |
| Zip | Country | | Coun | | | 5. Certificate of Status Desired 55.00 Additional Fee Required | |
| عدم المناسب الم | | | | | 7. Name and Address of New Registered Agent me | | |
| LYNCH, PAUL R ESQ SHUMAKER, LOOP & KENDRICK, LLP | | | | | ress (i | (P.O. Box Number is Not Acceptable) | |
| 101 E. KENNEDY BLVD, STE 2800 TAMPA. FL 33602 | | | | | | | |
| | | | 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 | | | | | | | |
| Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Control of the control of | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State | | | | | | | |
| 9. | MANAGING MEMBI | ERS/MANAGERS Delete | 10. TITL | E | MGF | ADDITIONS/CHANGES RM Change PAddition | |
| NAME STREET ADDRESS | | | NAM | | | NDERSON, ALLEN E | |
| CITY-ST-ZIP | • | | | 7-ST-ZIP | | 20 WEST WOODMERE ROAD MPA FL 33609 | |
| TITLE NAME | | ☐ Delete | TITL | | MGF | RM Change 🖺 Addition | |
| STREET ADDRESS | | | STA | EET ADDRESS | | NDERSON, JR, FRANK M 16 FOUNTAIN BLVD | |
| CITY-SI-ZIP | | Delete | TITE | r-81-2/P | | MPA , FL 33609 ☐ Change ☐ Addition | |
| MANE | | | - NA | # ~ · | - | e a section of the se | |
| STREET ADDRESS CITY-ST-ZIP | | | | FET ADDRESS Y-ST-ZIP | <u> </u> | | |
| ITTLE | | ☐ Delete | TIT | 1 | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | | LET ADDRESS | | | |
| CITY-ST-ZP | | m | | Y-ST-ZIP | . | ☐ Change ☐ Additio | |
| YITLE NAME | | ☐ Delete | TITT NAI | ·- 1 | | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-SI-ZIP | | | | REET ADDRESS | | | |
| TITLE | | ☐ Deiete | ПТ | + | | - Change Addilfo | |
| NAME STREET ADDRESS | • | | | ME REET ADORESS | | | |
| CITY-ST-ZIP | | | CIT | ry-ST-ZIP | | <u> </u> | |
| 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 ceth; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | |
| SIGNATURE: // HENDELIN ALLEN E HENDEUN 1/26/04 813-490-6636 | | | | | | | |
| SIGNATURE AND TYPED ON PRINTED NAME OF BIGNORIA MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ONE Dayling Prone P | | | | | | | |



AHachment 34000367

FLORIDA DEPARTMENT OF STATE

Thouse complete lakes 4 by emining your factors maybe en familiarities (FU). Lephan 2, 500, healthat is appropriate han. If "AFPLIED FOR" is propriated in Block 4, you will'd now provide catalog Secretary of State on. A So had Security unnited in the mail decided to be the united a Gloud E. Hoode. For FAI aumour assistance,

HENDERSON BROTHERS/LAND, LLC 711 S. HOWARD AVE, STE 200 TAMPA, FL 33606

Subject: HENDERSON BROTHERS/LAND, LLC

Reference-Number:

L03000022477

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rw ANNUAL REPORTS SECTION