

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000044078

1. Entity Name  
HML IRELAND, LLC



Principal Place of Business  
100 SECOND AVE. SOUTH, STE. 600  
ST PETERSBURG, FL 33701

Mailing Address  
100 SECOND AVE. SOUTH, STE. 600  
ST PETERSBURG, FL 33701

**FILED**  
04 OCT -8 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062004 Chg-LLC CR2E083 (10/03)

4. FEI Number **55-0875399**  
APPLIED FOR

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, RICHARD A  
501 E KENNEDY BLVD, STE 1700  
TAMPA, FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME PEYTON, LYNNE  
STREET ADDRESS 100 SECOND AVENUE SOUTH, STE. 600  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Change ☐ Addition  
NAME Tyrone Holdings, Inc.  
STREET ADDRESS 100 Second Avenue South, Ste. 600  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE MGRM ☒ Delete  
NAME PEYTON, RODNEY J.W.  
STREET ADDRESS 100 SECOND AVENUE SOUTH, STE. 600  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Richard A. Jacobson, Auth. Rep.

10/07/04

813-222-1159

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

L 03 000044078

ACCOUNT NO. : 072100000032

REFERENCE : 919894 4326591

AUTHORIZATION :

COST LIMIT : \$ 55.00

*Patricia Pigato*

ORDER DATE : October 8, 2004

ORDER TIME : 10:50 AM

ORDER NO. : 919894-005

CUSTOMER NO: 4326591

CUSTOMER: Ms. Eileen Matthews  
Fowler White Boggs Banker P.a.  
Suite 1700  
501 East Kennedy Boulevard  
Tampa, FL 33602

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HML IRELAND, LLC

*BK*

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
X PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: \_\_\_\_\_

04 OCT -8 PM 12:40  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA