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Apr 09, 2002 8:00 am
Secretary of State

01-24-2002 90354 036 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000973

1. Entity Name

HLP MANAGEMENT L.C.

Principal Place of Business	Mailing Address
1221 E. NEW HAVEN AVE MELBOURNE FL 32901	1221 E. NEW HAVEN AVE MELBOURNE FL 32901

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435596 — 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
MOSLEY, CURTIS R MOSLEY, WALLIS & WHITEHEAD, P.A. 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901	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.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HEMPEL, KLAUS J	NAME	
STREET ADDRESS	ST. NIKLAUSENSTRASSE 92 6047 KASTANIENBAUM	STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	CITY-ST-ZIP	
TITLE	MEM ☒ Delete	TITLE	~~MEMBER~~ ~~☒ Change~~ ☐ Addition
NAME	LENZ, JUERGEN	NAME	~~Lenz, Juergen~~
STREET ADDRESS	BACHTELWEG 7 6048 HORW	STREET ADDRESS	~~Bachtelweg 15 17, 6048 Horw~~
CITY-ST-ZIP	SWITZERLAND	CITY-ST-ZIP	~~Switzerland~~
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/01)

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] REQUIRED 1-18-02 321-984-3842

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #