

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000000044****1. Entity Name**
HICKORY INVESTMENTS, L.C.

Principal Place of Business 1900 SOUTH HICKORY STREET MELBOURNE FL 32901	Mailing Address 1900 SOUTH HICKORY STREET MELBOURNE FL 32901
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2. Principal Place of Business 1900 SOUTH HICKORY STREET	3. Mailing Address 1900 SOUTH HICKORY STREET
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Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc. SUITE A
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City & State MELBOURNE FL	City & State MELBOURNE FL
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Zip 32901	Country	Zip 32901	Country
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4. FEI Number 59-3487426	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALLACE JAMES H
1900 SOUTH HICKORY STREET

MELBOURNE FL 32901 US

7. Name and Address of New Registered Agent

Name
FALLACE JAMES H
Street Address (P.O. Box Number is Not Acceptable)
1900 SOUTH HICKORY STREET
SUITE A
City MELBOURNE FL Zip Code 32901

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)	01/12/2001 DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALLACE JAMES H 1900 SOUTH HICKORY STREET MELBOURNE FL 32901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALLACE JAMES H 1900 SOUTH HICKORY STREET, SUITE A MELBOURNE FL 32901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: JAMES H. FALLACE	MGR	01/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date

Daytime Phone #

CR2E083 (11/00)