

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001459

1. Entity Name
HILLCREST FINANCIAL SERVICES, L.L.C.

FILED

01 APR 16 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 110 E. HILLCREST STREET ORLANDO FL 32801-1210	Mailing Address 110 E. HILLCREST STREET ORLANDO FL 32801-1210
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3373047	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

GRAHAM & COTTRILL, P.A.
110 E. HILLCREST STREET
ORLANDO FL 32801-1210

7. Name and Address of New Registered Agent

Name: Michael E. Batts
Street Address (P.O. Box Number is Not Acceptable): 110 E. Hillcrest St.
City: Orlando FL Zip Code: 32801

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: Michael E. Batts Michael E. Batts 1-8-2001
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

700004078057--2
-04/25/01--01085--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, DAVID W 110 E. HILLCREST STREET ORLANDO FL 32801-1210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COTTRILL, CHRISTOPHER L 110 E. HILLCREST STREET ORLANDO FL 32801-1210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, HARRY C JR. 110 E. HILLCREST STREET ORLANDO FL 32801-1210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTS, MICHAEL E 110 E. HILLCREST STREET ORLANDO FL 32801-1210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSTETTER, H. BLAKE 110 E. HILLCREST STREET ORLANDO FL 32801-1210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURANCEAU, BONNIE B 110 E. HILLCREST STREET ORLANDO FL 32801-1210 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael E. Batts 1-8-2001 907-843-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0006 32

CR2E083 (11/00)