2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L98000002094

1. Entity Name

HACIENDA UTILITIES, L.C.

FILED

01 APR 26 AM 10: 58

SECRETARY OF STATE.
TALLAHASSEE. FLORIDA

Principal Place of Business	Mailing Address
4340 EAST WEST HIGHWAY. SUITE 206 BETHESDA MD 20814	4340 EAST WEST HIGHWAY. SUITE 206 BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE   MJH

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

4. FEI Number   52-2123820   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
DIVERSIFIED INVESTMENTS SERVICES, L.L.C. 28488 U.S. HIGHWAY 19 NORTH, SPACE #12 CLEARWATER FL 33761	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

20000421 2482--4
-05/11/01--01111--016
*****50.00   *****50.00

9.	MANAGING MEMBERS / MEMBERS		10.		ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCANEER COMMUNITIES, L.P. 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA MD 20814	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (11/00)

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: _Gayle Benson_   4/19/01   (916) 727-0017

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