File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 03 1111 -3 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002132 1a. Principal Place of Business Address HOGAN GROUP RIDGE ROAD, L.L.C. 101 EAST KENNEDY BOULEVARD, SUITE 4000 101 EAST KENNEDY BOULEVARD, TAMPA FL 33602 TAMPA FL 33602 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3s. State of Formation 10/06/1998 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 59 - 3538388 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SMITH, W. LAWRENCE ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD, SUITE 37 TAMPA FL 33602 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE. (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when reinstalling) City, State and Zip Code Managing Members/Managers 10. Title **Business Street Address** MGRM THE HOGAN GROUP, 101 EAST KENNEDY BOULEVARD TAMPA FL 05/10/99-01005-016 ****188.75 ****188.7\$ 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SNATURE AND TYPED CHERRICH DIAME OF S-CHIPSE MANAGER MEMBER CHEMANAGER MEMBER CHEMANAGER TO THE TOTAL TO THE TOTAL CHEMANAGER MEMBER CHEMANAGER MEMBER CHEMANAGER TO THE TOTAL CHEMANAGER CHEMANAGER MEMBER CHEMANAGER TO THE TOTAL CHEMANAGER CHEMANAGER MEMBER CHEMANAGER CHEMANA SIGNATURE: