2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND

1. Entity Nan	INIEINI # [3800]	0002713			1	00 JUN -5 PM	4 L+ 05	
H.S. ASSOCIATES OF VERO BEACH, L.C.					OU Steel in G. I H. III.			
		~		•		SECRETARY OF TALLAHASSEE.	FI ORIDA	
	ce of Business	Mailing Address			1.	MURTHENZQUET	1 5.01(15)(
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	्राच्या के तार के त विकास के तार					PERÍODI DI DIRECTORIO ESTRE DE CONTRA LA		
2. Principal Place of Business 3.		3. Mailing Address					BBIII BBIID IIBII IBBBI	11886 1111 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For Not Applicable			
Zip Country		Zip Country			5 Cortifi	icate of Status Desired	\$5.00 Add	ditional
	6 Name and Address of Courses	Pagistared Agent	<u></u>				Fee Require	ed
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent . Name				
BLOCK, SAMUEL A				Street Address (P.O. Box Number is Not Acceptable)				
2127 10TH AVENUE				S. S				
VERO BEACH FL 32960								
				City			FL Zip Cod	le
8. The above	e named entity submits this statement for	the purpose of changing its	s registere	ed office or register	red agent, o	or both, in the State of Florida.		
,						•		!
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	Agent signature required	when reinstatin	ng) C	DATE	
		FILE N	OW!!! I	FEE IS \$50.00		:		
	• .	Make Check Pa			f State			
9.	MANAGING MEMBE	RS/MEMBERS '	10.			-,ADDITIONS/CHAN	NGES	
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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: