(813) 274-8000

Daytime Phone #

January 16, 2001

2001 UNIFORM BUSINESS REPORT (UBR)

DOCU		0003223		<u> </u>		energy (D. () (energy) (
HOGAN ROYAL PALM I SPONSOR, L.L.C.						FILED			
Principal Place of Business 101 EAST KENNEDY BLVD SUITE 4000 TAMPA FL 33602		Mailing Address 101 EAST KENNEDY BLVD SUITE 4000- TAMPA FL 33602				OIFEB 20 AM 8: 20 SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business		3. Mailing Address				-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEIT	59-3547323		applied For lot Applicable	
Zip Country		Zip	Zip Country		5. Certi	5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
MILLS, RAYMOND E 101 EAST KENNEDY BLVD., SUITE 4000 TAMPA FL 33602				Street Address (P.O. Box Number is Not Acceptable)					
IAMPA FI	L 33602		-			F	L Zip Co	de	
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									
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANGE	S		
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM HOGAN ROYAL PALM I SPE, INC. 101 EAST KENNEDY BLVD., SUITE 4000 TAMPA FL 33602 Delete				-02/26/0101159-			□ Addition \$	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	*****50.00		KSIII Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		Į.			□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST-ZIP		☐ Delete				M	☐ Change	☐ Addition	
TITLE . NAME . STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		ľ			Change	☐ Addition	
indicated	ertify that the information supplied with to this report is true and accurate and to illity company or the receiver or trustee	nat my signature shall have t	the same	e legal effect as i	f made unde	roath; that I am a managing memb			