## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9800003224						tem car	(223 (23 <sub>4</sub> )		
HOGAN ROYAL PALM I, L.L.C.					FILED				
					<u> </u>	01 FEB 20	3 AM 8:	20	
Principal Place of Business Mailing Address					OCODETADY OF STATE				
101 EAST KENNEDY BLVD SUITE 4000 101 EAST KENNEDY BLVD SL TAMPA FL 33602 TAMPA FL 33602			VD., SUITE	4000	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	lace of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
· City & State	3	City & State	Sity & State			59-3547322	ļ	pplied For lot Applicable	
Zip Country Z		Zip	Ep Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name and Address of Current	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)					
				City		F	Zip Cod	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 N	OW!!! F	EE IS \$50.00				ļ	
		Make Check Pa	ayable to	Department o	f State				
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHANG	ES		
TITLE	MGRM	☐ Delete	TITLE		•		☐ Change	Addition 3	
NAME	HOGAN ROYAL PALM I SPE, IN		NAME.	T ADDRESS					
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STREET ADDRESS			STREET CITY-S	T ADDRESS					
CITY-ST-ZIP	ertify that the information cumuliad with	this filing does not qualify fo			ection 119 07/3Vi	L Florida Statutes I further	certify that the	information	
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.									

January 16, 2001 Raymond E. Mills (813) 274-8000 SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #