

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L99000000523**

1. Entity Name

HONORE & UNIVERSITY, L.L.C.**FILED**
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90014 048 ****50.00

0013156

Principal Place of Business Mailing Address
1001 THIRD AVENUE WEST, #470 **1001 THIRD AVENUE WEST, #470**
BRADENTON FL 34205 **BRADENTON FL 34205**

970702



DO NOT WRITE IN THIS SPACE

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 65-0896462		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLALOCK LANDERS WALTERS & VOGLER, P.A. 802 - 11TH STREET WEST BRADENTON FL 34205		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

COVERED BY FOR INFO	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AJ HONORE, L.L.C. 1001 THIRD AVENUE WEST, #470 BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **DATE:** **7/17/02** **DAYTIME PHONE:** **941 747 2777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/02)