2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

L99000001262 DOCUMENT # 01 HAY 15 PM 12: 40 1. Entity Name H.A.K., L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 5264 FISHER ISLAND DRIVE 5264 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 FISHER ISLAND FL 33109 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. バン ロイフ 4. FEI Number Applied For City & State City & State Not Applicable Country \$5.00 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCKIBBIN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 555 N.E. 15TH STREET, SUITE 100 **MIAMI FL 33132** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. □□□□□43³34**5**299—□A(●) -06/08/01--01089--003 ******50.00 ******50.00 MGR Delete TITLE TITLE NAME ANTHONY, GEORGE T NAME **5264 FISHER ISLAND DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP FISHER ISLAND FL 33109 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Detete Change Addition NAME > NAME STREET ADDRESS STREET ADDRESS CITY-ST_ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.