

2001 UNIFORM BUSINESS REPORT (UBR)

0006903 AF

DOCUMENT # L99000002415

1. Entity Name

HAWAIIAN INN L.C.

FILED

01 MAR 20 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address

307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

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

59-3575262

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRDMAN, HARVEY
305 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Name JOHN A. RAINEY

Street Address (P.O. Box Number is Not Acceptable)

2101 JOHN ANDERSON DR.

City ORMOND BEACH

FL

Zip Code 32176

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]

HARVEY BIRDMAN MGR

03/12/01

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 MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BIRDMAN, HARVEY
STREET ADDRESS 307 SOUTH 21ST AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME RAINEY, JOHN A
STREET ADDRESS 128 EAST GRANADA BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]

HARVEY BIRDMAN

MAN. MEMBER

03/12/01

904/679-2113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)