

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000003180**1. Entity Name
HK-JEFFERSON ARMS, L.L.C.

| Principal Place of Business | Mailing Address |
|--|--|
| C/O G. JOSEPH HARRISON 1206 MANATEE AVENUE WEST BRADENTON FL 34205 | C/O G. JOSEPH HARRISON 1206 MANATEE AVENUE WEST BRADENTON FL 34205 |

| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|-----------------------|
| 9021 TOWN CENTER PKWY | 9021 TOWN CENTER PKWY |

| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|
| | |

| City & State | City & State |
|--------------|--------------|
| BRADENTON FL | BRADENTON FL |

| Zip | Country | Zip | Country |
|-------|---------|-------|---------|
| 34202 | | 34202 | |

| 4. FEI Number | Applied For |
|---------------|----------------|
| 65-0925154 | Not Applicable |

| 5. Certificate of Status Desired | Additional Fee Required |
|----------------------------------|-------------------------|
| <input type="checkbox"/> | \$5.00 |

DO NOT WRITE IN THIS SPACE

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|--|
| HARRISON G. JOSEPH 1206 MANATEE AVENUE WEST BRADENTON FL 34205 US | Name GRAUS KIMBERLY L Street Address (P.O. Box Number is Not Acceptable) 9021 TOWN CENTER PKWY City BRADENTON FL Zip Code 34202 |

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 | DATE |
|-------------------|------------|
| KIMBERLY L. GRAUS | 04/18/2001 |

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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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: | DATE | Daytime Phone # |
|-------------------|------------|-----------------|
| KIMBERLY L. GRAUS | 04/18/2001 | |

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

Date

Daytime Phone #

CR2E083 (11/00)