

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000005697**

1. Entity Name  
**HERNANDO OAKS PARTNERS, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

000200

00 SEP -8 AM 10:02

Principal Place of Business  
1610 BARRANCAS AVE.  
PENSACOLA FL 32501

Mailing Address  
1610 BARRANCAS AVE.  
PENSACOLA FL 32501-5212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  Applied For  
 Not Applicable

Zip Country

Zip Country

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

**LIBERIS, CHARLES S**  
1610 BARRANCAS AVE.  
PENSACOLA FL 32501

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.

SIGNATURE \_\_\_\_\_ (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  Delete  
NAME **MGRM BRANNEN, DAVID**  
STREET ADDRESS **17 W. CEDAR STREET SUITE 2**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **500003391875--1**  
CITY-ST-ZIP **-09/13/00--01078--001**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME **MGRM LEVIN, ALLEN**  
STREET ADDRESS **2200 VIA DELUNA DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32561**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM PATE, SCOTT**  
STREET ADDRESS **4300 BAYOU BLVD., SUITE 25A**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM LIBERIS, CHARLES S**  
STREET ADDRESS **1610 BARRANCAS AVE.**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REMEMBERED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: **8/17/00** Daytime Phone #: **850 4389647**

CR2E083 (9/99)