

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005697

1. Entity Name
HERNANDO OAKS PARTNERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

090200

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

8/17/00
Date

850
4389647
Daytime Phone #

CR2E083 (9/99)