

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L99000005784

1. Entity Name
HD MACDILL, LLC

00 MAY -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4427 WEST KENNEDY BLVD., SUITE 125 4427 WEST KENNEDY BLVD., SUITE 125
TAMPA FL 33609 TAMPA FL 33609-2070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 320342
Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Tampa, FL 59-3600373 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional
33679-2342 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
O'MALLEY, ANDREW M Street Address (P.O. Box Number is Not Acceptable)
CAREY, O'MALLEY, WHITAKER & MANSON, P.A.
712 SOUTH OREGON AVENUE
TAMPA FL 33606 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 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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	DOUGLAS, BRADFORD G	<input checked="" type="checkbox"/>			
STREET ADDRESS	4427 WEST KENNEDY BLVD., SUITE 125				
CITY-ST-ZIP	TAMPA FL 33609				
MGR	HUNT, HAMILTON E JR.	<input checked="" type="checkbox"/>			
STREET ADDRESS	4427 WEST KENNEDY BLVD., SUITE 125				
CITY-ST-ZIP	TAMPA FL 33609				
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

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*****50.00 \$50.00 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 R. Hamilton, Jr. 4.24.00 813-289-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR12E083 (9/99)