

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90126 027 \*\*\*\*50.00

**DOCUMENT # L99000005848**

1. Entity Name  
**H&K TRANSLATIONS LLC**

Principal Place of Business      Mailing Address  
**400 NORTH ASHLEY DR., STE. 2300**      **400 NORTH ASHLEY DR., STE. 2300**  
**TAMPA FL 33602**      **TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0955292</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>INTRASTATE REGISTERED AGENT CORPORATION</b> <b>701 BRICKELL AVE., STE 3000</b> <b>MIAMI FL 33131</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	<b>MGR</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME	<b>Holland &amp; Knight Consulting LLC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>400 NORTH ASHLEY DR., STE 2300</b>		STREET ADDRESS	<b>400 N. Ashley Drive Ste 2300</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		CITY-ST-ZIP	<b>Tampa, FL 33602</b>	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** *Thomas H. Dyer* **DATE** *7/29/02* **DAYTIME PHONE #** *813 227 6507*

CR2E083 (4/02)