2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 AM
Secretary of State

DOCUMENT# L99000007290

Entity Name: HEP-8-CLER, L.C.

Current Principal Place of Business:

C/O EZON FLORIDA, INC.
1100 5TH AVE. S., #401
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O EZON FLORIDA, INC.
1100 5TH AVE. S., #401
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-1009917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TACKETT, JACK O
C/O EZON FLORIDA, INC.
1100 5TH AVE. S., #401
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: GOMEZ, BARRY
Address: %EZON FL INC 1100 5TH AVE. SO, STE. 401
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Delete
Name: GOMEZ, BRUCE
Address: %EZON FL INC 1100 5TH AVE. SO, STE. 401
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: GOMEZ, BRUCE J
Address: %EZON FL INC 1100 5TH AVE. SO, STE. 401
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUCE J GOMEZ MGR 03/05/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date