

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 18 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007291

1. Entity Name  
HEP-9-MURL, L.C.

Principal Place of Business Mailing Address  
%HALVORSEN HOLDINGS INC JEFFREY HALVORSEN %HALVORSEN HOLDINGS INC JEFFREY HALVORSEN  
33 S.E. 4TH ST., STE. 100 33 S.E. 4TH ST., STE. 100  
BOCA RATON FL 33432 BOCA RATON FL 33432-6013

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

HALVORSEN, JEFFREY T  
%HALVORSEN HOLDINGS, INC.  
33 S.E. 4TH ST., STE. 100  
BOCA RATON FL 33432

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

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 MGR  
NAME HALVORSEN HOLDING, INC.  
STREET ADDRESS 33 S.E. 4TH ST., STE. 100  
CITY- ST- ZIP BOCA RATON FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE MGR  
NAME GOMEZ, BARRY  
STREET ADDRESS %EZON FL INC 1100 5TH AVE. SO., STE. 401  
CITY- ST- ZIP NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE MGR  
NAME GOMEZ, BRUCE  
STREET ADDRESS %EZON FL INC 1100 5TH AVE. SO., STE. 401  
CITY- ST- ZIP NAPLES FL 34102

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-14-00

941-283-1712

CR2E083 (9/99)