

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90237 045 ****50.00

DOCUMENT # M00000000664

1. Entity Name

HR III, LLC

Principal Place of Business

**5040 EAST SHEA BOULEVARD, SUITE 264
 SCOTTSDALE AZ 85254**

Mailing Address

**P.O. BOX 9220
 RANCHO SANTA FE CA 92067**

2. Principal Place of Business

6051 Brookline

3. Mailing Address

Box 8944

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

City & State

OKLAHOMA City, OK

City & State

RANCHO SANTA FE, CA

4. FEI Number

88-0471437

Applied For

Not Applicable

Zip

73112

Country

USA

Zip

92067

Country

USA

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

**C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **WOLLAN, DONALD**
 STREET ADDRESS **6535 WEST OQUENDO RD**
 CITY-ST-ZIP **LAS VEGAS NV 89118**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **PARADIGM INVESTMENT GROUP, LLC**
 STREET ADDRESS **6535 WEST OQUENDO RD**
 CITY-ST-ZIP **LAS VEGAS NV 89118**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
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 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

Date

Daytime Phone #

CR2E083 (9/01)