## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # M01000002142 05-22-2002 90205 042 \*\*\*\*50.00 HTA MANAGEMENT, LLC Principal Place of Business Mailing Address 3225 AVIATION AVENUE, PH SUITE 965709 3225 AVIATION AVENUE. PH SUITE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number APPLIED FOR Applied For Not Applicable Country Zip. Country \$5.00 Additional 5 Certificate of Status Desired~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stewart Marcus JAG VENTURES, LTD. Street Address (P.O. Box Number is Not Acceptable) 3225 Aviation Avenue Penthouse Suite 3225 AVIATION AVENUE, PH SUITE **COCONUT GROVE FL 33133** Zip Sade 33133 Coconut Grove 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 Stewart Marcus (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE Delete TITLE (9/01) ☐ Change ☐ Addition NAME JAG VENTURES, LTD. NAME STREET ADDRESS 3225 AVIATION AVENUE, PH SUITE CR2E083 STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME SCRUGGS, WALLACE L NAME STREET ADDRESS 6851 OAK HALL LANE, SUITE 100 STREET ADDRESS CITY-ST-ZIP COLUMBIA MD 20145 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME RIEGER, RANDY E NAME STREET ADDRESS 3225 AVIATION AVENUE, PH SUITE STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIF TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME LEIGH, SUSAN NAME STREET ADDRESS 1210 HILL-N-DALE SO. STREET ADDRESS CITY-ST-7F TALLAHASSEE FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 04/30/2002

(305) 860-2122

FILED