

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -7 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002740

1. Entity Name*

HM Investors, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4465 W. Gandy Blvd.

3. Mailing Address

4465 W. Gandy Blvd.

Suite, Apt. #, etc.
Suite 750

Suite, Apt. #, etc.
Suite 750

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3720805

Applied For

Not Applicable

Zip

33611

Country

US

Zip

33611

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph J. Kadow

Street Address (P.O. Box Number is Not Acceptable)

2202 N. West Shore Blvd.

5th Floor

City

Tampa

FL

Zip Code
33607

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

June 6, 2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Kadow, Joseph J.
2202 N. West Shore Blvd., 5th FL
Tampa, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700005726527--7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Hourigan, Kevin
4465 W. Gandy Blvd.
Tampa, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 and typed or printed name of signing managing member, manager, or authorized representative

06/06/02

813/282-1225

Date

Daytime Phone #

Joseph J. Kadow, authorized representative

CR2E083B (12/01)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 614408 84041A

AUTHORIZATION

Patricia Pigato

COST LIMIT : \$ 50.00

ORDER DATE : June 7, 2002

ORDER TIME : 1:45 PM

ORDER NO. : 614408-005

CUSTOMER NO: 84041A

CUSTOMER: Ms. Norma Deguenther
Outback Steakhouse Of Florida,
5th Floor
2202 North Westshore Blvd.
Tampa, FL 33607

ANNUAL REPORT FILING

NAME: HM INVESTORS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS:

RECEIVED
02 JUN -7 PM 2:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA