## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE LINE

• 7	HITURM BUSINE	<del></del>	<u>. (c</u>	IDN)	1			
DOCUMENT # M0100002839  1. Entity Name					FILED			
HOUTERS	OF LAKE UNDERHILL, LLC				2003 APR 11 PM	9: 30		
Principal Place of Business 11425 LAKE UNDERHILL RD ORLANDO FL 32825		Mailing Address 1815 THE EXCHANGE ATLANTA GA 30339		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3757829	<u> </u>	plied For	]	
Zip Country		Zip Country		ntry	5. Certificate of Status Desired	\$5.00 Add		-
	S. Name and Address of Correct I	Janistanad Ameri	<u> </u>	<del></del>		Fee Require	d	-
	6. Name and Address of Current I	registered Agent		Name	7. Name and Address of New Registered Agent			1
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (	P.O. Box Number is Not Acceptable)			-
PLAI	NTATION FL 33324							1
				City		Zip Code	9	1
		the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida. I a	m familiar with,	and accept	1
the obligati	ions of registered agent.							1
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature required	when reinstating) DATE		<del></del>	
			IIIWC	FEE IS \$50.00	80001575	4992		1.
		Make Check Payab	le to Fi		nt of State 11/03-01045-0	19 **50	.00	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANG	<u> </u>		1 '
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOTERS OF AMERICA, INC. 1815 THE EXCHANGE ATLANTA GA 30339	☐ Delete		"		☐ Change	☐ Addition	CR2E083 (10/02)
TITLE	AILANTA ON SOCCO	☐ Delete	TITL			☐ Change	Addition	SR
NAME STREET ADDRESS CITY-ST-ZIP			STR	EET ADDRESS (-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STR	E		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E	,	☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E		☐ Change	Addition	-
11. I hereby of indicated limited limited	ertify that the information supplied with on this report is true and accurate and t	this filing does not qualify or that my signature shall have	the exe	mption stated in Se e legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further on ade under oath; that I am a managing memor 608. Florida Statutes	ertify that the in	formation r of the	

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