2000 UNIFORM BUSINESS REPORT (UBR)

SAOO ON	HPUKM BUS	INE33 REFO	KI (UB	<u>n)</u>
DOCUMENT # MQ700000539				FILED SECRETARY OF STATE
Hooker Homes, LLC				DIVISION OF CORPORATIONS
Principal Place of Business 500 Water Street Jacksonville, FL 32202		Mailing Address 500 Water Street SC-J-160 Jacksonville, FL 32202		00 AUG 31 AM 10: 02
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 58-1154221 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6 Na	me and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
	una radioso oj penelit		Name	
C T C	ration		<u></u>	and the same of th
- 4.			Street	Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road Plantation, FL 33324				
,			City	FL Zip Code
8. The above named e	ntity submits this statement fo	or the purpose of changing its	registered office	or registered agent, or both, in the State of Florida.
0.0				
SIGNATURE	rped or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	ature required when reinstating) DATE
			OWIII FEE IS	een no
		Make Check Pa	เสรา ครั้งเรียง เกาะครางสังเดิม เกาะรัฐเกาะครั้งเกาะ	Charles to the control of the contro
	MANAGING MEMB	REDS / MEMBERS	1 0.	ADDITIONS/CHANGES
9.	WANAGING WEW	Delete	TITLE	MGR □ Change ☑ Addition
TITLE		□ Delete	NAME	P. T. AFTOORA
STREET ADDRESS			STREET ADDRESS	45
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32202
		Delete	TITLE	Change Addition
TITLE NAME		☐ Detete	NAME	
STREET ADDRESS			STREET ADDRESS	See Attached List
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	MGR Change Addition
NAME			NAME	S.A.CROSBY
STREET ADDRESS - CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	JOI WEST BAY STREET JACKSONVILLE FL 32202
TITLE		☐ Delete	TITLE	MGR Change Addition
NAME			NAME	J. R. EVANS
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE		☐ Delete	TITLE	☐ Change fillion
NAME			NAME	
STREET ADDRESS	-		STREET ADDRESS	7000033843478 -09/06/0001108008
CITY-ST-7/9			CITY-ST-ZII	
TITLE TIME		☐ Delete	TITLE NAME	・ 未未来ホホンロ。ロコ でTromangeコンをMadulon
NAME STREET ADDRESS			NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
<u>√</u> 1	and a sufficient of the suffic	h ship silver steen = 1 10/ /		nated in Spatian 110 07(2VI) Florida Statutos I further partity that the information
indicated on this re	enort is true and accurate and	d that my signature shall have	the same legal et	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lect as if made under oath; that I am a managing member or manager of the
	-	ee empowered to execute this nent, LLC Sole M		by Chapter 608, Florida Statutes. Revised 9/20/2000
SIGNATURE	String	aften		tricia J. Aftoora, Vice-President 4/20/2000
	SIGNATURE AND TYPED OR PR	NTED NAME OF SIGNING MANAGING	MEMBER OR MANAG	Date 904-360-4242