2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

DOCUMENT # M98000001612 1. Entity Name							A 00	PR 22	DIA O	. 59	
HG LEASING AND MANAGEMENT, LLC											
							SECRETARY OF STATE VALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address 455 COMMERCE DRIVE 455 COMMERCE DRIVE							A PALL LO	HIMOOL	سأاليسا	OIOPA	
AMHERST NY 14228-2388 AMHERST NY 14228						į					
2. Principal Place of Business			3. Mailing Address			l			•		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			$\lceil m_{\nu'} \rceil$	DO NOT WRITE	E IN THIS S	PACE		
City & State			City & State			4. FEI Nu 16-1	mber 559908			Applied For Not Applicable	
Zip	Country		Zip	Zip Country			ate of Status Desired	\$5.00 Additional Fee Required			
6. Name and Address of Current		L Registered Agent			7. Name a	and Address of New R			red		
CORPORATION SERVICE COMPANY											
						s (P.O. Box N	lumber is Not Acceptab	ole)			
TALLAH	ASSEE	E FL 32301	<u></u>			 -					
					City			<u> </u>	Zip Co	nde	
					,			FL	Zip Co	ode	
8. The above		tity submits this statement	for the purpose of changing	ng its regi	istered office or i	registered ag	ent, or both, in the State	e of Florida.			
SIGNATURE		·									
	. Signature, t	yped or printed name of regist	ered agent and title if applicable	e. (NOTE: Registered	Agent signatur	re required when reinstating	g) DAT			
	i,to	ninaeuson (no originae)	FILE NOW	/!!! FEE	IS \$50.00	ŧ		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		" .	
			Make Check Payat	DIE TO D	epartment or :	State			- 4 - 4	3	
9. Ππ.Ε	MGRM	MANAGING MEMBER	RS/MANAGERS Delete	10.			ADDITIONS/CH		Charge	Addition	
NAME	THE HERMAN GROUP, LLC			NAME		DE 41			32459711 Addition \$		
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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.											
SIGNATI	HDE.	ALL) STEVE	<u>, </u>	1417755		4/10/00	1211)9	3-2		
SIGNATURE: STEVEN J. WEISS 4/18/06 (7/6) 929-0039 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daysume Phone #											