

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90208 043 ****50.00

DOCUMENT # M99000001404

1. Entity Name
HI JACKSONVILLE, LLC

Principal Place of Business Mailing Address
525 LAKE AVENUE SOUTH, SUITE 405 **525 LAKE AVENUE SOUTH, SUITE 405**
DULUTH MN 55802 **DULUTH MN 55802**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
525 South Lake Avenue *525 South Lake Avenue*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Duluth, MN *Duluth, MN*

Zip Country Zip Country
55802 *USA* *55802* *USA*

4. FEI Number Applied For
41-1949029 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.



9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GOLDFINE, KENNETH	
STREET ADDRESS	7330 PIMA ROAD	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GOLDFINE, JOHN	
STREET ADDRESS	525 LAKE AVE SOUTH, SUITE 405	
CITY-ST-ZIP	DULUTH MN 55802	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	APTER, ABBOT	
STREET ADDRESS	202 W SUPERIOR STREET, SUITE 321	
CITY-ST-ZIP	DULUTH MN 55802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>525 South Lake Avenue, Suite 405</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Kenneth Goldfine* **SIGNATURE REQUIRED** Date: *3/21/02* Daytime Phone #: *(218) 723-8433*

CR2FNR3 10/011