

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001529**

1. Entity Name  
 COMCORE, L.L.C.

Principal Place of Business 1100 POYDRAS STREET 1360 ENERGY CENTRE NEW ORLEANS 70163	LA	Mailing Address 1100 POYDRAS STREET 1360 ENERGY CENTRE NEW ORLEANS 70163	LA
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number  
**72-1445401**

Applied For	Not Applicable
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DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**KELLEY PETE**  
 7650 W COURTNEY CAMPBELL CAUSEWAY  
 875 WATERFORD PLAZA  
 TAMPA FL  
 33607 US

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 **PETE KELLEY**

**01/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HENTON M. ALAN	
STREET ADDRESS	4289 OLD BRIDGE LANE	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HERNANDEZ GARTH D	
STREET ADDRESS	3407 HEATHERWOOD	
CITY-ST-ZIP	HARVEY LA 70058	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCCARTHY PAUL J	
STREET ADDRESS	116 CHERRY CREEK	
CITY-ST-ZIP	MARDVILL LA 70448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Garth D. Hernandez**

MGRM 01/23/2001

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

Date

Daytime Phone #

CR2E083 (11/00)