
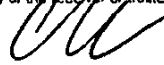


**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90104 041 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4

DOCUMENT # L04000073074			
1. Entity Name HSHWIM BUILDING 1000 PARKING, LLC			
Principal Place of Business 450 EAST LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301		Mailing Address 450 EAST LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03032005		Chg.-LLC CR2E083 (10/03)	
4. FEI Number 20-2923439		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM HSH Willisle Marina Company LLLP 450 E. Las Olas Blvd., Ste 1500 Fort Lauderdale, Florida 33301	
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: 		Chris V Brown Vice President 3/3/05 954-627-5065	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	