

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90003 034 ****50.00

DOCUMENT # L97000000771

1. Entity Name
FL MS/HIIP GP, L.C.



Principal Place of Business

~~G/O JAMES GRIFFIN~~
~~1401 E. BROWARD BLVD., #302~~
~~FT LAUDERDALE, FL 33301~~

Mailing Address

HEARTHSTONE
16133 VENTURA BLVD., #1400
ENCINO, CA 91436

63007116



2. Principal Place of Business

16133 Ventura Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1400

City & State

Encino, CA

City & State

Zip
91436

Country

US

Zip

Country

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
95-4660647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HEARTHSTONE
STREET ADDRESS 15133 VENTURA BLVD STE 1400
CITY-ST-ZIP ENCINO, CA 91436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME HEARTHSTONE
STREET ADDRESS 16133 VENTURA BLVD STE 1400
CITY-ST-ZIP ENCINO, CA 91436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mark A. Porath CFO/SVP

04/08/04

818-385-0005

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

Date

Daytime Phone #