2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90093 045 ****50.00

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DOCUMENT # L97000000771

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

Fl

Principal Place of Business	Mailing Address
C/O JAMES GRIFFIN 1401 E. BROWARD BLVD.. #302 FT LAUDERDALE FL 33301	HEARTHSTONE 16133 VENTURA BLVD.. #1400 ENICO CA 91436

C/O JAMES GRIFFIN
1401 E. BROWARD BLVD.. #302
FT LAUDERDALE FL 33301

HEARTHSTONE
16133 VENTURA BL
ENICO CA 91436

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
GRIFFIN, JAMES K JR VICTORIA PARK CENTER 1401 E BROWARD BLVD., STE 302 FT LAUDERDALE FL 33301	Name: GRIFFIN, JAMES K JR Street Address (P.O. Box Number is Not Acceptable): VICTORIA PARK CENTER 1401 E BROWARD BLVD., STE 302 FT LAUDERDALE FL 33301 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARTHSTONE 16133 VENTURA BLVD., STE #1400 ENCINO CA 91436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARTHSTONE 16133 VENTURA BLVD., STE #1400 ENCINO CA 91436 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: SIGNATURE RECEIVED MARK A. PORATH CFO/SVP OF MGR 4/23/03 818-385-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #