
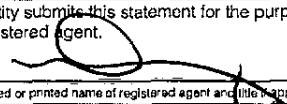
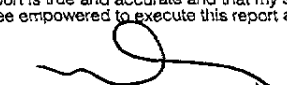


FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000031				Secretary of State	
1. Entity Name HGD ENTERPRISES LIMITED PARTNERSHIP					
Principal Place of Business 17149 ROYAL COVE WAY BOCA RATON, FL 33496		Mailing Address 17149 ROYAL COVE WAY BOCA RATON, FL 33496			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0881922	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ENGELBERG, MORRIS 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021				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  DATE					
9. Capital Contributions as Shown on record. \$1,000,098.00					
10. Amount of Capital Contributions in FLORIDA to date.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000097153	STREET ADDRESS	SAME		
NAME	HGD, INC.	CITY-ST-ZIP			
STREET ADDRESS	17149 ROYAL COVE WAY				
CITY-ST-ZIP	BOCA RATON, FL 33496				
DOCUMENT #		STREET ADDRESS	1100000333361		
NAME		CITY-ST-ZIP	04/27/05-80002-002 526.25		
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STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  DATE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					