

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001590

1. Entity Name

H.P. HOLDINGS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY - 2 PM 3:46

W 5/15

Principal Place of Business

25 SE 2ND AVE., STE. 1135
MIAMI FL 33131

Mailing Address

25 SE 2ND AVE., STE. 1135
MIAMI FL 33131



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1034293

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMELEE, BRUCE G
25 SE 2ND AVE., STE. 1135
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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,600,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

CR2E003 (9/01)

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

HERMELEE, LAURENCE S
1908 N. OAK PARK AVE.
CHICAGO IL 60635

STREET ADDRESS
CITY-ST-ZIP

1526 Park Avenue

RIVER Forest, IL 60305

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

HERMELEE, BRUCE G
25 SE 2ND AVE., STE. 1135
MIAMI FL 33131

STREET ADDRESS
CITY-ST-ZIP

300005678363-9
-06/04/02-01088-003
****526.25 ****526.25

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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:

Signature: Bruce G. Hermelee 4/29/02 305-373-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #