


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001113 1. Entity Name RM-NA HB DEVELOPMENT, LLLP	
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Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328	Mailing Address 3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
04 APR 29 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-012923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$9,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	L03000028346	STREET ADDRESS	
NAME	RM-NA HB DEVELOPMENT GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	3325 SOUTH UNIVERSITY DRIVE, STE. 210		
CITY-ST-ZIP	DAVIE, FL 33328		
DOCUMENT #		STREET ADDRESS	700036072917
NAME		CITY-ST-ZIP	05/11/04-01031--003 **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:  **Barry Ross** 4-20-04 954-452-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE