


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

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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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0129230	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

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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.**

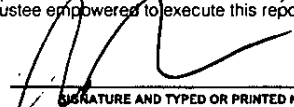
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L03000028346
NAME	RM-NA HB DEVELOPMENT GP, LLC
STREET ADDRESS	3325 SOUTH UNIVERSITY DRIVE, STE. 210
CITY-ST-ZIP	DAVIE, FL 33328
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000752857  
05/21/07-80032-022 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: APR 27 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER