

2001 UNIFORM BUSINESS REPORT (UBR)

0008481 AF

DOCUMENT # A07250

1. Entity Name

HHH HEDGE FUND, LTD.

Principal Place of Business

450 ROYAL PALM WAY, SUITE 502
PALM BEACH FL 33480

Mailing Address

630 CREST ROAD
PALM BEACH FL 33480

FILED

JAN 22 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1894512

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, PATRICK
450 ROYAL PALM WAY
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

300003576468--9

-01/26/01--01052--003

***535.00 ***535.00

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$498,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$498,000

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

DOCUMENT #
NAME HENRY, PATRICK
STREET ADDRESS 630 CREST ROAD
CITY-ST-ZIP PALM BEACH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME HUNKEN, ALAN J.
STREET ADDRESS 30 N. LASALLE ST., #1400
CITY-ST-ZIP CHICAGO IL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

Signature of Patrick Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
PATRICK HENRY, GENERAL PARTNER

1-15-01

Date

561-832-3101

Daytime Phone #

CR2E003 (11/00)