

# 2001 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # A31023</b>	
1. Entity Name <b>HFE, LTD.</b>	
Principal Place of Business <b>1475 W. CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE FL 33309</b>	Mailing Address <b>1475 W. CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE FL 33309</b>

*ing*

**FILED**

01 MAR 12 AM 10:43

SECRETARY OF STATE



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 <b>65-0239410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>THIRER, MARTIN</b> <b>1475 W. CYPRESS CREEK RD.</b> <b>SUITE 204</b> <b>FT LAUDERDALE FL 33309</b>	

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$2,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	<b>K61558</b>
NAME	<b>SMG MANAGEMENT COMPANY</b>
STREET ADDRESS	<b>1475 W. CYPRESS CREEK RD. SUITE 204</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100003854611--4</b>
CITY-ST-ZIP	<b>-03/15/01--01086--015</b>
	<b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: <b>SIGNATURE REQUIRED</b>	3/8/01	954-772-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

**STEPHEN M. GOLDING, PRESIDENT, SMG MANAGEMENT COMPANY, GENERAL PARTNER**

CR2E003 (11/00)