2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE: 34

DOCUMENT # A9500001298 1. Entity Name HMR LTD.					Apr 15, 2004 08:00 AM Secretary of State
3400 NE 34	e of Business ITH ST, SUITE 101 RDALE FL 33308	Mailing Address 3400 NE 34TH ST, FT. LAUDERDALE	, SUITE 101 FL 33308		
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #. etc.	Suite, Apt. #. etc.		MOORE CR2E003 (11/03)
City & Sta	te	City & State	City & State		4. FEI Number 65-0603252 Applied For
Zıp	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Reguired
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
340	WOLOFSKY, HOWARD 3400 NE 34TH ST, SUITE 101 FT, LAUDERDALE FL 33308			Name Street Address (P.O. Box Number is Not Acceptable)
	2 10241121 122 1 2 0000			City	
					FL Zip Code
the obliga	e named entity submits this state tions of registered agent.	ment for the purpose of changin	ng its register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed of printed name of register	ed agent and title it applicable.			DATE
9. Capital Contributions as Shown on record. \$600.00 ID. Amount of Capital in FLORIDA to dat				butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
					TERED AND ACTIVE WITH THIS OFFICE.
12.		ARTNER INFORMATION	13.		nt must be filed to change a general partner. ADDRESS CHANGES ONLY
DOCUMENT #	DOCUMENT / P95000065971 NAME HNW CORP.			EET ADDRESS	
STREET ADDRESS GREY-ST-ZIP	3400 NE 34TH ST, SUITE 16 FT. LAUDERDALE FL 33308		GIN	-ST-ZIP	<u> </u>
OOCUMENT # NAME	P95000065967 RNB CORP.		SIR	EET ADDRESS	04/20/04-80009-013 150.00
STREET ADDRESS CITY-S1-ZIP			carv	1-ST-ZIP	
DOCUMENT # NAME			ŞīR	EET ADORESS	
STREET ADDRESS CITY-57-ZIP			CITA	r-st-zip	- 772,000
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STREET ADDRESS CITY-ST-ZIP		<u> </u>	csn	-ST-ZIP	
CITY-ST-ZIP DOCUMENT # NAME			STR	EE F ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	r-st-zip	
DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS	
O STREET ADDRESS CITY-ST-ZIP			ĊETY	r-ST-ZIP	
14. I hereby indicated the recei	certify that the information supplif on this report is true and accurate or trustee empowered to exe HNW Cork	ate and that my signature shall house this report as required by C	ify for the exenave the sam Chapter 620.	imption stated in Se e legal effect as if n Florida Statutes	oction 119.07(3)(i), Florida Statutes, I further certify that the information nade under oath; that I am a General Partner of the limited partnership o

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