2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A95000001298 1. Entity Name HMR LTD. Principal Place of Business Mailing Address 3400 NE 34TH ST, SUITE 101 FT. LAUDERDALE FL 33308 3400 NE 34TH ST, SUITE 101 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0603252 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLOFSKY, HOWARD 3400 NE 34TH ST, SUITE 101 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 Zip Code FI 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typod or printed name of registered agent and life if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions - \$600.00 as Shown on record in FLORIDA to date. 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 P95000065971 DOCUMENT # STREET ADDRESS NAME HNW CORP. STREET ADDRESS 3400 NE 34TH ST, SUITE 101 CITY-ST-7/P CITY-ST-ZIP FT. LAUDERDALE FL 33308 DOCUMENT # P95000065967 STREET ADORESS RNB CORP. STREET ADDRESS 3400 NE 34TH ST, SUITE 101 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 DOCUMENT # U000000347232 STREET ADDRESS NAME <u>04/30/05-80108-006_150_00</u> STREET ADDRESS C.TY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 eath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

4/11/05 Date

HNW COR

SIGNATURE:

FILED