LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001499

1. Entity Name
HRM, Ltd

FILED
2003 MAR -4 AM 11:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3998 FAU BLVD	3998 FAU BLVD
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. 307
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33431 Country	Zip 33431 Country

DUE BY MAY 1

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas A. Head

~~Street Address (P.O. Box Number is Not Acceptable)~~: 2650 NW 23rd Way

City: Boca Raton FL Zip Code: 33431

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

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
10,000		

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. P97000058789 GENERAL PARTNER INFORMATION

DOCUMENT #		STREET ADDRESS	
NAME	HRM Development Corp	CITY-ST-ZIP	100012387071 02/12/03--01049--014 **141.25
STREET ADDRESS	3998 FAU BLVD, SUITE 307		
CITY-ST-ZIP	Boca Raton, FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100012387071 03/04/03--01006--013 **17.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	DO NOT WRITE
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CITY-ST-ZIP			

CR2E003B (12/02)

STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #