561/659-2800

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9700002452 1. Entity Name				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
H B B F LIMITED PARTNERSHIP						
Principal Place of Business Mailing Address				***	00 AUG = 7 AM 10: 02	
249 ROYAL PALM WAY, SUITE 302 P.O. BOX 828			•			
PALM BEACH	FL 33480	PALM BEACH FL 33480			-197	
2. Principal Place of Business 3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0798112 Applied For Not Applicable	
Zip Country		Zip Country		try	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		Registered Agent			7. Name and Address of New Registered Agent	
URANIA CARR				Name		
HRAWG CORP. 2000 GLADES ROAD, SUITE-400				Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431						
				City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered affice 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 On the Country of C						
as Shown on record. \$70,437,170.00 in FLORIDA to date. \$70,457,176.00 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	P97000096412 HBBF HOLDINGS, INC S 2000 GLADES ROAD, SUITE 400 BOCA RATON FL 33431		STRE	ET ADDRESS		
STREET ADDRESS			CITY	-ST-ZIP	,	
CITY-ST-ZIP DOCUMENT #			-			
NAME	DORESS		STRE	ET ADDRESS	1000033542118 -08/11/0001091010	
STREET ADDRESS CITY-ST-ZIP			CITY			
DOCUMENT #			STRE	ET ADDRESS		
NAME STREET ADDRESS	s		0.774	GT 710		
CITY-ST-ZIP			CHY	-ST-ZIP		
DOCUMENT # NAME				ET ADDRESS,	en de la companya de	
STREET ADDRESS			CITY-	-ST-ZIP		
CITY-ST-ZIP		·				
NAME	TREET ADDRESS			ET AODRESS		
STREET ADDRESS				-ST-ZIP		
DOCUMENT #			-			
NAME				ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				-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						