

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000420

1. Entry Name
HMD PARTNERS, L.P.



Principal Place of Business
1500 CORPORATE CTR. WAY, SUITE 202C
WELLINGTON, FL 33414

Mailing Address
1500 CORPORATE CTR. WAY, SUITE 202C
WELLINGTON, FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
13-4217256

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARROW, PETER
1500 CORPORATE CTR. WAY, SUITE 202C
WELLINGTON, FL 33414

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record **\$224,550.00**

10. Amount of Capital Contributions
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

DOCUMENT # **M02000003399**
NAME **HMD PARTNERS GP, L.L.C.**
STREET ADDRESS **1500 CORPORATE CENTER DRIVE, STE. 202C**
CITY ST ZIP **WELLINGTON, FL 33414**

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U00000158574
05/07/04-80027-012 528.25

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

April 29, 2004

Date

Daytime Phone #

Peter H. Darrow

STAPLE CHECK HERE