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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 13, 2003

HMD PARTNERS, L.P. 1500 CORPORATE CTR. WAY, STE 202C WELLINGTON, FL 33414

SUBJECT: HMD PARTNERS, L.P. Ref. Number: B02000000420

We have received your document for HMD PARTNERS, L.P. and your check(s) totaling \$437.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 620, Florida Statutes, requires a supplemental affidavit to be filed pursuant to section 620.112 or 620.176, Florida Statutes, any time the actual contributions of the limited partners exceed the anticipated amount of capital contributions on file with this office.

The fee to file the supplemental affidavit is \$1,574.99 and the fee to file the Annual report/uniform business report is \$526.25. The total fee due for both Annual filings is \$2101.24. Please return the supplemental affidavit and the annual report/uniform business report together with the appropriate fee.

The new registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 803A00036831

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

The undersigned general partners of _	HM0	PARTNERS, L.P.	_
		a (an) VELAWARE	

Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of the capital contributions of the limited partners that is allocated for the purpose of transacting business in Florida is: $\frac{224,550}{224,550}$.

. 19 2003 Signed this 237 day of _____

FURTHER AFFIANT SAYETH NOT.

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NH321(9/98)

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, \mathcal{X} the best of my knowledge and belief.

General Partner ners GP, LLL HMD

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PH

SNC SNC

FEES:

\$7 per \$1,000 based on the additional contributions (Minimum \$52.50 - Maximum \$1,750.00)

Make checks payable to Florida Department of State and mail to: Division of Corporations , P.O. Box 6327 Tallabassee, FL 32314