

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B02000000420**

1. Entity Name
HMD PARTNERS, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 9:09

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 Corporate Ctr. Way		3. Mailing Address	
Suite, Apt. #, etc. Suite 202C		Suite, Apt. #, etc.	
City & State Wellington, FL		City & State	
Zip 33414	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 13-4217256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Peter Darrow	
Street Address (P.O. Box Number is Not Acceptable) - - - - -	
1500 Corporate Ctr. Way Suite 202C	
City Wellington	Zip Code FL 33414

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 *Peter Darrow* DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 225,000 1.00	10. Amount of Capital Contributions in FLORIDA to date. 225,000 224,550	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	m02000003399 HMD Partners GP, LLC 1500 Corporate Ctr. Way Suite 202C Wellington, FL 33414
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FF #526.75
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STREET ADDRESS	
CITY-ST-ZIP	05/07/03--01105--001 **437.50
STREET ADDRESS	
CITY-ST-ZIP	08/20/03--01010--011 **1660.59
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<i>See</i>

CR2E003B (12/02)

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: *Peter H. Darrow* *on behalf of* **Peter H. Darrow** **4/29/03** **(212) 441-0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #