

**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

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

Country

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

13-4217256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

FL

Zip Code  
33414

**DO NOT WRITE  
IN THIS SPACE**

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.

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

**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 # M02000003399  
NAME HMD Partners GP, LLC  
STREET ADDRESS 1500 Corporate Ctr. Way Suite 202C  
CITY-ST-ZIP Wellington, FL 33414

STREET ADDRESS

CITY-ST-ZIP

05/07/03--01105--001 \*\*437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

08/20/03--01010--011 \*\*1660.59

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

FF \$526.75

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

On behalf of  
Peter H. Darrow

4/29/03

Date

(212) 441-0909

Daytime Phone #

CR2E003B (12/02)