



## 03-08-2005 90029 010 \*\*\*\*\*55.00

<b>DOCUMENT # L04000016539</b>				<b>Secretary of State</b> 03-08-2005 90029 010 *****55.00																						
<b>1. Entity Name</b> HRG/HRH PARTNERSHIP L.L.C.																										
<b>Principal Place of Business</b> 2600 DOUGLAS RD, STE 1008 CORAL GABLES, FL 33134		<b>Mailing Address</b> 2600 DOUGLAS RD, STE 1008 CORAL GABLES, FL 33134		40010041																						
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022005 Chg-LLC CR2E083 (10/03)																						
City & State		City & State		<b>4. FEI Number</b> 43-2044761																						
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																						
<b>6. Name and Address of Current Registered Agent</b>  BLAKE, JOHN H 2600 DOUGLAS RD, STE 1008 CORAL GABLES, FL 33134				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code																						
<b>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.</b>																										
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____																										
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																								
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																							
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<b>11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>																										
<b>SIGNATURE</b> _____ <b>3/2-0-5 305-1143-4100</b>																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																										