2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000016539

1. Entity Name
HRG/HRH PARTNERSHIP L.L.C.

Principal Place of Business	Mailing Address
2600 DOUGLAS RD, STE 1008 CORAL GABLES, FL 33134	2600 DOUGLAS RD, STE 1008 CORAL GABLES, FL 33134

01172007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
777 Brickell Avenue	777 Brickell Avenue
Suite, Apt. #, etc. Suite 1112	Suite, Apt. #, etc. Suite 1112

City & State Miami, Florida	City & State Miami, Florida

Zip 33131	Country US	Zip 33131	Country US

4. FEI Number   43-2044761   — Applied For / Not Applicable

5. Certificate of Status Desired [X]   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BLAKE, JOHN H 2600 DOUGLAS RD, STE 1008 CORAL GABLES, FL 33134	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.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	MGRM
NAME	BLAKE, JOHN H	NAME	Blake, John H.
STREET ADDRESS	2600 DOUGLAS RD STE 1008	STREET ADDRESS	777 Brickell Avenue, Suite 1112,
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Miami, Florida 33131

[ ] Delete   [X] Change   [ ] Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE _____   1/25/07   305-377-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #