

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045018

FILED
Mar 04, 2005
Secretary of State

Entity Name: HPR VENTURE PARTNERS LLC

Current Principal Place of Business:

177 OCEAN LANE DRIVE
SUITE 405
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

177 OCEAN LANE DRIVE
SUITE 405
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-1434012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINET, PATRICE E
177 OCEAN LANE DRIVE
SUITE 405
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HERNANDEZ, JUAN R
Address: 2101 BRICKELL AVENUE - #1411
City-St-Zip: MIAMI, FL 33129

Title: MGRM () Change (X) Addition
Name: PEROSCH, ALBERTO
Address: 177 OCEAN LANE DRIVE - #812
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Change (X) Addition
Name: ROBINET, PATRICE
Address: 177 OCEAN LANE DRIVE - #405
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUAN R. HERNANDEZ MGRM 03/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date