

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000045018

**FILED**  
**Feb 15, 2006**  
**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:**

161 CRANDON BOULEVARD, SUITE 126  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

177 OCEAN LANE DRIVE  
SUITE 405  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

161 CRANDON BOULEVARD, SUITE 126  
KEY BISCAYNE, FL 33149

**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:**

PEROSCH, ALBERTO  
161 CRANDON BOULEVARD, SUITE 126  
KEY BISCAYNE, FL 33149 US

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: ALBERTO PEROSCH

02/15/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEROSCH, ALBERTO  
Address: 161 CRANDON BOULEVARD, SUITE 126  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALBERTO PEROSCH

MGRM

02/15/2006

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