2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111838

1. Entity Name
CAPGROW PARTNERS LLC K/N/A HMP Holdings 9/26/08 LLC

FILED
09 MAR 24 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2620 N. RACINE AVE, SUITE 1N
CHICAGO, IL 60614

Mailing Address
2620 N. RACINE AVE, SUITE 1N
CHICAGO, IL 60614

DO NOT WRITE IN THIS SPACE

04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3821409
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CECIL, W. JEFFREY
5801 PELICAN BAY BOULEVARD STE 300
NAPLES, FL 34108

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BARRETT, PHILLIP H
STREET ADDRESS	11 ALBAN MEWS
CITY-ST-ZIP	NEW ALBANY, OH 43054
TITLE	MGR
NAME	PETTINELLI, MATTHEW J
STREET ADDRESS	3635 NORTH WILTON SUITE 2
CITY-ST-ZIP	CHICAGO, IL 60613
TITLE	MGR
NAME	PETTINELLI, JUDY
STREET ADDRESS	8231BAY COLONY DR STE 1602
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

500143028015
03/18/09--01003--017 **138.75

500143028015
02/06/09--01042--002 **138.75

DO NOT WRITE IN THIS SPACE

Without Penalty
2008-2009
nyc 3/25

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: [signature] 10-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #