

2001 UNIFORM BUSINESS REPORT (UBR)

0026674 AF

DOCUMENT # L98000002204
1. Entity Name
 HEP-1-MIR, L.C.

FILED *W*
 01 APR 16 PM 12:03
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 4/19

Principal Place of Business **Mailing Address**
 C/O PAMG-RE LAW DEPARTMENT C/O PAMG-RE LAW DEPARTMENT
 8 CAMPUS DRIVE, 4TH FL. ARBOR CIRCLE SOUTH 8 CAMPUS DRIVE, 4TH FL. ARBOR CIRCLE SOUTH
 PARSIPPANY NJ 07054-4493 PARSIPPANY NJ 07054-4493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0876174 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004036775--2
 -04/20/01--01122--032
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
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10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|--------|---|---------------------------|----------------------|---------------------------------|--|
| MEMBER | THE PRUDENTIAL INSURANCE COMPANY OF AMERICA | 8 CAMPUS DRIVE, 4TH FLOOR | PARSIPPANY, NJ 07054 | | |
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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.

SIGNATURE: *David N. Bradford* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** **Date** 4/3/01 **Daytime Phone #** 913-683-1098

CR2E083 (11/00)