


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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



Principal Place of Business C/O PAMG-RE LAW DEPARTMENT 8 CAMPUS DRIVE, 4TH FL, ARBOR CIR S PARSIPPANY, NJ 07054-4493	Mailing Address C/O PAMG-RE LAW DEPARTMENT 8 CAMPUS DRIVE, 4TH FL, ARBOR CIR S PARSIPPANY, NJ 07054-4493
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01162004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0876174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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)

Filing Fee is \$50.00 Due by May 1, 2004

U00000144851
04/30/04-80146-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM THE PRUDENTIAL INSURANCE CO 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)(f), 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.

The Prudential Insurance Company of America, member

SIGNATURE: By: Joan N. Hayden Joan N. Hayden, Asst. Secy. 1/16/04 (973) 734-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #