2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L98000002351

1. Entity Name HEP-2-COL, L.C.



Principal Place of Business

Mailing Address

FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90002 017 ****50.00

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES				C/O PAMG-RE LAW DEPARTMENT 8 CAMPUS DRIVE. 4TH FL. ARBOR CIR. SOUTH PARSIPPANY NJ 07054-4493										
City & State Country Country S. Certificate of Status Desired \$5.00 Addit Fee Required S. Certificate of Status Desired \$5.00 Addit Fee Required G. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I am familiar with, an the obligations or registered agent, or both, in the State of Florida. I am familiar with, an the obligations or registered agent or prized name of registered agent and title flagolicable (NOTE Registere Agent signature recurred when relevations) SIGNATURE Signature, byped or prized name of registered agent and title flagolicable (NOTE Registere Agent signature recurred when relevations) Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS ITTLE MEM THE PRUDENTIAL INSURANCE COMPANY OF AMERIC SIRRET ADDRESS CITY-ST-2P PARSIPPANY NJ 07054 TITLE MAME SIRRET ADDRESS CITY-ST-2P TITLE MAME SIRRET ADDRESS CITY-ST-2P TITLE MAME SIRRET ADDRESS CITY-ST-2P Change Change Change Change Change STRET ADDRESS CITY-ST-2P Change Change Change Change STRET ADDRESS CITY-ST-2P Change Chang				3. Mailing Address	3. Mailing Address			CHECK HERE IF MAKING CHANGES						
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Signature, Speed or printed name of registered agent. SIGNATURE Signature, Speed or printed name of registered agent and title if applicable. NAME FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MEM THE PRUDENTIAL INSURANCE COMPANY OF AMERIC 8 CAMPUS DR 4TH FL PARSIPPANY NJ 07054 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Change Change	ip:		Country	Žip	Cour	try	5. Certifi	icate of	Status Desir	ed [5.00 Ad	ditional	
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Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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.

Ellen T. Kendall, Assistant Secretary

of The Prudential Insurance Company of America, as member

1/13/03 <u>973-734-1</u>367