

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003217

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** HEDGE FUND CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

111 BROADWAY SUITE 1402  
NEW YORK, NY 10006

**New Principal Place of Business:**

**Current Mailing Address:**

111 BROADWAY SUITE 1402  
NEW YORK, NY 10006

**New Mailing Address:**

**FEI Number:** 52-2292118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEIN, RICHARD  
505 S. FLAGLER DR., STE. 405  
W. PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HEDGE FUND CAPITAL P, ARTNERS, LLC  
Address: 850 THIRD AVE.  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: MESTER, JEFFREY  
Address: 850 THIRD AVE.  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEDGE FUND CAPITAL P, ARTNERS, LLC  
Address: 111 BROADWAY, SUITE 1402  
City-St-Zip: NEW YORK, NY 10006

Title: MGR (X) Change ( ) Addition  
Name: MESTER, JEFFREY  
Address: 111 BROADWAY, SUITE 1402  
City-St-Zip: NEW YORK, NY 10006

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** JEFFREY MESTER

MGR

01/10/2005

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