2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# M02000003399

Entity Name: HMD PARTNERS GP, L.L.C.

Current Principal Place of Business:

1111 BRICKELL AVE. SUITE 1100
ATTN; PETER H. DARROW
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVE. SUITE 1100
ATTN; PETER H. DARROW
MIAMI, FL 33131

New Mailing Address:

FEI Number: 13-4217252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARROW, PETER
1111 BRICKELL AVE.
SUITE 1100
MIAMI, FL 33131 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/MANAGERS:

Title: MGRM ( ) Delete
Name: HALPERN, ABEL
Address: 1111 BRICKELL AVE. SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: MINOLI, FREDERICO
Address: 1111 BRICKELL AVE. SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: DARROW, PETER H
Address: 1111 BRICKELL AVE. SUITE 1100
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER DARROW PTNR 09/03/2008

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