LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

5/2/2

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-02-2003 90582 037 ****50.00

DOCUMENT # M02000003399

1. Entity Name

HMD PARTNERS GP, L.L.C.

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2. Principal Place of Business	3. Mailing Address
1500 Corporate Ctr. Way	
Suite, Apt. #, etc.: Suite 202C	Suite, Apt. #, etc.
City & State: Wellington, Fl	City & State
Zip: 33414 Country: USA	Zip Country

4. FEI Number: 13-4217252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Peter Darrow

Street Address (P.O. Box Number is Not Acceptable): 1500 Corporate Ctr. Way, suite 202C

City: Wellington FL Zip Code: 33414

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: (Peter H. Darrow) DATE: June 2, 2003
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member
NAME	Peter Darrow
STREET ADDRESS	1500 Corporate Ctr. Way Suite 202C
CITY-ST-ZIP	Wellington, FL 33414
TITLE	Managing Member
NAME	Abel Halpern
STREET ADDRESS	1500 Corporate Ctr. Way Suite 202C
CITY-ST-ZIP	Wellington, FL 33414
TITLE	Managing Member
NAME	Federico Minoli
STREET ADDRESS	1500 Corporate Ctr. Way Suite 202C
CITY-ST-ZIP	Wellington, FL 33414
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CR2E083B (12/02)

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: J CPA on behalf of Peter H. Darrow 4/29/03 (212)447-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #