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.

DO NOT WRITE IN THIS SPACE

44004076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 Corporate Ctr. Way

Suite, Apt. #, etc.
Suite 202C

City & State
Wellington, Fl

Zip: 33414
Country: USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

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) June 2, 2003
Signature, typed or printed name of registered agent and title if applicable. DATE

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: , CPA In 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 #