

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000264

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** HMD GENERAL PARTNER, L.L.C.

**Current Principal Place of Business:**

ATTN: PETER H. DARROW  
1500 CORPORATE CENTER DRIVE SUITE 202C  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: PETER H. DARROW  
1500 CORPORATE CENTER DRIVE SUITE 202C  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 11-3673922      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301      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: MGRM      ( ) Delete  
Name: DARROW, PETER  
Address: 1500 CORPORATE CENTER DRIVE SUITE 202C  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

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

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: PETER H DARROW      MGRM      04/27/2004

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