File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 29 AMIL: 31 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # M95000000323 Name and Malling Address
of Limited Liability Company HMK, LTD., L.C.
1201 BRICKELL AVENUE 1a. Principal Place of Business Address 1201 BRICKELL AVENUE SIXTH FLOOR SIXTH FLOOR MIAMI FL 33131 MIAMI FL 33131 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2. Principal Place of Business 11/01/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 31-1442647 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 09/11/1997 58 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Sulte, Apt. #, etc. -05/05/98--01136--014 ****188.75 ****188.75 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code Managing Members/Managers MGRM HMS PARTNERS, LTD. 10 W. BROAD STREET, 14TH F COLUMBUS OH MGRM HMS HOLDINGS, LTD. - I 10 W. BROAD STREET, 14TH F COLUMBUS OH Miami ,FL 33178 1201 Brickell Ave RIC COOPER HERM

11. Ido 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

INATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING ME

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