2000 HNIEORM RUSINESS REDORT (HRR)

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DOCUMENT # M9800000881 1. Entity Name					FILED	
H.I.G. ADVISORS, L.L.C.					00 JAN 20 PM 4: 22	
Principal Plac 1001 BRICKEL MIAMI FL 3313	L BAY DRIVE	Mailing Address 1001 BRICKELL BAY DRIVE MIAMI FL 33131-4900		SECRETARY OF STATE TALLAHASSEE, FLORIDA.		
		•				88111 88181 1818) 18181 1181 1881
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0855235	Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	, 6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered	<u> </u>
NEW CERTIFICIA INC.			ı	Name		
NRAI SERVICES, INC. 526 EAST PARK AVENUE				Street Address	(P.O. Box Number is Not Acceptable)	
TALLAHAS	SSEE F _L 32301					
				City	Fl	Zip Code
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.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State						
		маке Спеск Ра	iyable ti	o Department d	or State	
9.	MANAGING MEM		10.		ADDITIONS/CHANGE	
TITLE Name	MGRM H.I.GGP II, INC.) Delete	TITLE		300003117	Change Addition
STREET ADDRESS	1001 BRICKELL BAY DRIVE			ET ADORESS		1027004
TITLE	MIAMI FL 33131	□ Delete	TITLE	- 81-744	*****50.00	####¥50.00 □ Change □ Addition
RAME			NAM			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS }		
TITLE		☐ (Celeta	TITLE	-	<u> </u>	Change Addition
NAME	terment of the terminal of the	and the state of t	NAM	ET ADDRESS	ىلىغادىغار ئالاغادى ئىلىدىن ئەرىپى ۋەل ىغىنىدىيانى دە قاس	- San (
STREET ACORESS CITY-ST-ZIP	•			· ST- ZIP		•
TITLE		☐ (telets	TITLE		\sim	Change Addition
NAME . STREET ADDRESS			MAM. STRE	E Et address		
CITY-ST-ZIP	 		CITY	· 87- 21P		
TITLE NAME		Codeta Codeta	TITLE	į.	U	Change Addition
STREET ACORESS CITY-ST-219				ET ADDRESS -81-11P		
TITLE		Delete	TITLE			☐ Change ☐ Addition
MAME	<u> </u>		MAM			
STREET ADDRESS CITY-ST-ZIP	•. •			ET ADDRESS · 87- ZIP		
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: SIGNATURE AND TYPED OFFINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayling Phone #						
ı						