2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State

	THE PERSON AND THE PERSON NAMED IN	A
DOCUMENT # MS 1. Entity Name H.I.G. ADVISORS, L.L.C		
Principal Place of Business	Mailing Address	
1001 BRICKELL BAY DRIVE 27TH FLOOR MIAMI, FL 33131	1001 BRICKELL BAY DRIVE Miami, FL 33131	



DO NOT WRITE IN THIS SPACE

04032006No Chg-LLC CR2E083 (11/05)

_			
4.	FEI Number	7	Applied For
	65-0855235	 . [Not Applicable
5.	Certificate of Status Desired		O Additional equired

Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	
SIGNATURE		The second secon
	Signalure, typed or printed name of registered agent and title if applicable. (NOTE, Registered	Agent signature required when reinstating)
	iling Fee is \$50.00 ue by May 1, 2006	erau nya unggipi una mangana penganan penganan penganan penganan penganan penganan penganan penganan penganan
9,	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM H.I.GGP II, INC. 1001 BRICKELL BAY DRIVE MIAMI, FL 33131	Unnnnns32746 05/06706-80036-814 50.00
TITLE NAME STREET ADDRESS CITY+ST+ZIP	ingo:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	DO NOT WRITE
Title Name Street Address City-St-Zip	n de la companya del companya de la companya del companya de la co	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the state of t
11. I hereby of indicated limited lia	pertify that the information supplied with this filling does not qualify for the ex- on this report is true and accurate and that my signature shall have the san billity company or the receiver or trustee empowered to execute this report a	emptions contained in Chapter 119, Florida Statutes, I further certify that the information ne legal effect as if made under oath; that I am a managing member or manager of the is required by Chapter 608, Florida Statutes.

ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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