

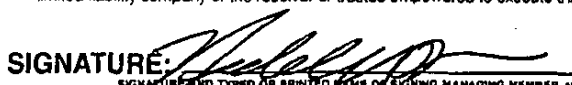
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-14-2005 90030 012 *****50.00
L02000034908

FILED

05 MAY 5 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20034003

DOCUMENT # L02000034908					
1. Entity Name HATCH MOTT MACDONALD FLORIDA, LLC					
Principal Place of Business 5111 NORTH 12TH AVENUE PENSACOLA, FL 32504			Mailing Address 27 BLEEKER ST. MILLBURN, NJ 07041		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1294824	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				03112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENICHILO, NICHOLAS M 27 BLEEKER ST. MILLBURN, NJ 07041 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLBURN, NJ 07041 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLAN, CHARLES H 5111 N. 12TH AVE. PENSACOLA, FL 32504 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WICKENS, PETER J 27 BLEEKER ST. MILLBURN, NJ 07041 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKBURN, MICHAEL O 27 BLEEKER ST. MILLBURN, NJ 07041 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELLS, KEITH J 27 BLEEKER ST. MILLBURN, NJ 07041 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THIRLWALL, TIMOTHY J 27 BLEEKER ST. MILLBURN, NJ 07041 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICK, MARC 5111 N. 12TH AVE. PENSACOLA, FL 32504 ☐ Change ☒ Addition		
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: 		NICHOLAS M. DENICHILO 4-8-05 973-379-3400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	