2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034908

1. Entity Name
HATCH MOTT MACDONALD FLORIDA, LLC

Principal Place of Business	Mailing Address
5111 NORTH 12TH AVENUE PENSACOLA, FL 32504	27 BLEEKER ST. MILLBURN, NJ 07041

DO NOT WRITE IN THIS SPACE

01042006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-1294824

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DENICHILO, NICHOLAS M
STREET ADDRESS	27 BLEEKER ST.
CITY-ST-ZIP	MILLBURN, NJ 07041
TITLE	MGR
NAME	CARLAN, CHARLES H
STREET ADDRESS	5111 N. 12TH AVE.
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	MGR
NAME	WICKENS, PETER J
STREET ADDRESS	27 BLEEKER ST.
CITY-ST-ZIP	MILLBURN, NJ 07041
TITLE	MGR
NAME	BLACKBURN, MICHAEL O
STREET ADDRESS	27 BLEEKER ST.
CITY-ST-ZIP	MILLBURN, NJ 07041
TITLE	MGR
NAME	HOWELLS, KEITH J
STREET ADDRESS	27 BLEEKER ST.
CITY-ST-ZIP	MILLBURN, NJ 07041
TITLE	MGR
NAME	DICK, MARC
STREET ADDRESS	5111 NORTH 12TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32504

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04/18/06-80059-017 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/10/06 9733793400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Jeffrey T. Hilla, Treasurer