## 2004 LIMITED LIABILITY COMPANY

## Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000040030** 04-28-2004 90069 009 \*\*\*\*50.00 1. Entity Name HLM INVESTMENTS LLC Principal Place of Business Mailing Address ひとしいしている 1890 KINGSLEY AVE. 1890 KINGSLEY AVE. ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number polied For 51-0497576 Not Applicable Zip Country -\$5.00 Additional Ζip Country Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 225 WATER ST., STE. 1800 JACKSONVILLE, FL 32202 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. 14-1-1 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Light-original Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 15.30 Florida Department of State St. A. Street MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10: 9. MGR ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME Louis!Huntley STREET ADDRESS STREET ADDRESS 1890 Kingsley Ave. CITY-ST-ZIP CITY-ST-ZIP Orange Park, FL 32073 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Delete 1312 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 fimited liability company or the receiver or trustee eggeowered to execute this report as required by Chapter 608, Florida Statutes.

LOUIS L. Huntley
NACHUM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED