


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043373

1. Entity Name
HMC DEVELOPMENT, LLC



Principal Place of Business 2605 SW 33RD STREET BUILDING 200 OCALA, FL 34474	Mailing Address P. O. BOX 2495 OCALA, FL 34478
---	--

DO NOT WRITE IN THIS SPACE



01242008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 34-2043412	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH B
2605 SW 33RD ST
BUILDING 200
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH B 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, JAMES E 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTE, NORBERT J JR 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000491755
04/19/06-80035-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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: X  Ken Kirkpatrick 2/9/06 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dying Phone #