

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001120

Entity Name: HMJ CONSULTING, LLC.

FILED
Feb 25, 2004
Secretary of State

Current Principal Place of Business:

1890 LOG RIDGE TRAIL
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1890 LOG RIDGE TRAIL
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3620104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNNY, CHRISTOPHER B
313 NORTH MONROE STREET, STE. 200
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PRATHER, M. JOEL
Address: 106 EAST COLLEGE AVE., SUITE 1200
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGR () Delete
Name: PRATHER, HEATHER M
Address: 106 EAST COLLEGE AVE., SUITE 1200
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRATHER, M. JOEL
Address: 313 NORTH MONROE STREET, STE. 200
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGR (X) Change () Addition
Name: PRATHER, HEATHER M
Address: 313 NORTH MONROE STREET, STE. 200
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: M. JOEL PRATHER

MGRM

02/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date