

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000012057

1. Entity Name

HQM OF BAY ST. JOSEPH, L.L.C.



FILED

04 DEC -2 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

Principal Place of Business  
2401 PGA BLVD., SUITE #155  
PALM BEACH GARDENS FL 33410

Mailing Address  
2401 PGA BLVD., SUITE #155  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Su  
2979 PGA Blvd.  
Palm Beach Gardens, FL 33410  
Zip

Su  
2979 PGA Blvd.  
Palm Beach Gardens, FL 33410  
City  
Zip

4. FEI Number  
65-1045960

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, SANDRA L  
2401 PGA BOULEVARD, SUITE 155  
PALM BEACH GARDENS FL 33410

Name  
Street Add  
Sandra Adams  
2979 PGA Blvd.  
City  
Palm Beach Gardens, FL 33410  
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

*Sandra Adams*

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HQM SPECIAL ASSET MANAGEMENT, INC.  
2401 PGA BLVD., STE. 155  
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2979 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900043126759  
12/02/04--01031--004 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*PAUL WALCZAK*

8/31/04

Daytime Phone #