


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L00000014058</b> 1. Entity Name <b>HQM OF ABBEVILLE, L.L.C.</b>		
Principal Place of Business <b>2401 PGA BLVD., SUITE #155 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>2401 PGA BLVD., SUITE #155 PALM BEACH GARDENS FL 33410</b>	
2. Principal Place of Business  2979 PGA Blvd. Palm Beach Gardens, FL 33410	3. Mailing Address  2979 PGA Blvd. Palm Beach Gardens, FL 33410	4. FEI Number <b>65-105570</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For Not Applicable

FILED

2004 OCT 11 PM 4:07

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

<b>6. Name and Address of Current Registered Agent</b>  <b>ADAMS, SANDRA L 2401 PGA BOULEVARD SUITE #155 PALM BEACH GARDENS FL 33410</b>	<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address: _____ <b>Sandra Adams 2979 PGA Blvd.</b> City: _____ <b>Palm Beach Gardens, FL 33410</b>
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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: *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	<b>MGRM HQM SPECIAL ASSET MANAGEMENT, INC. 2401 PBA BLVD., STE 155 PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200041775882 10/11/04--01045--014 **50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul Walczak* Date: 8/31/04

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