

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L00000014070</b>	
1. Entity Name <b>HQM OF GREENEVILLE, L.L.C.</b>	



FILED

2004 OCT 11 PM 4:07

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

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>
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2. Principal Place of Business  <b>2979 PGA Blvd. Palm Beach Gardens, FL 33410</b>	3. Mailing Address  <b>2979 PGA Blvd. Palm Beach Gardens, FL 33410</b>
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4. FEI Number <b>65-1055557</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ADAMS, SANDRA L 2401 PGA BOULEVARD, SUITE #155 PALM BEACH GARDENS FL 33410</b>	
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7. Name and Address of New Registered Agent  Name  Street Ad <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 <u><i>Sandra Adams</i></u> <b>8/31/04</b> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 8, 2004</b>	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HQM SPECIAL ASSET MANAGEMENT, INC. 2401 PGA BLVD., STE. 155 PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410</b>
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"/> Change <input type="checkbox"/> Addition <b>500041780215 10/11/04--01049--005 **\$50.00</b>
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"/> Change <input type="checkbox"/> Addition
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: <u><i>PAUL WALCZAK</i></u> <b>8/31/04</b>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		