

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



DOCUMENT # L00000014071

1. Entity Name

HQM OF PICKETT COUNTY, L.L.C.

FILED

2004 OCT 11 PM 4:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

Principal Place of Business: 2401 PGA BLVD., STE. 155, PALM BEACH GARDENS FL 33410
Mailing Address: 2401 PGA BLVD., STE. 155, PALM BEACH GARDENS FL 33410

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: 65-1055491
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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* DATE: 8/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME: 2979 PGA BLVD
STREET ADDRESS: PALM BEACH GARDENS, FL 33410
CITY-ST-ZIP: PALM BEACH GARDENS, FL 33410

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS: 400041780224
CITY-ST-ZIP: 10/11/04--01049--006 **\$50.00

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS: ENTERED SEP 29 2004
CITY-ST-ZIP:

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

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