

# 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

3. Mailing Address

2979 PGA Blvd.  
Palm Beach Gardens, FL 33410

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

Street Address

City

Sandra Adams  
2979 PGA Blvd.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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:

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

PAUL WALCZAK

8/31/04

Date

Daytime Phone #