## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000003727 1. Entity Name HQM OF ERIN, LLC

**FILED** Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

2979 PGA BLVD.

PALM BEACH GARDENS, FL 33410

Mailing Address

2979 PGA BLVD.

PALM BEACH GARDENS, FL 33410



01062006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	Applied For
	65-1087258	Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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the obligations of registered agent.	Signature, typed or printed name of registered agent and little if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
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 ac	the obligations of registered agent.	inging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and acc

Due by May 1, 2006

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9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HOME QUALITY MANAGEMENT, INC.
STREET ADDRESS	2979 PGA BLVD.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
HILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
JREET ADDRESS	
CITY+ST+ZIP	
141. F	
MAM	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.