

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000003728

1. Entity Name
HQM OF MOUNTAIN CITY, LLC



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)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1087265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000542989
05/10/06-80118-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HOME QUALITY MANAGEMENT, INC. 2979 PGA BLVD. PALM BEACH GARDENS, FL 33410
--	---

TITLE NAME STREET ADDRESS CITY- ST- ZIP
--

TITLE NAME STREET ADDRESS CITY- ST- ZIP
--

TITLE NAME STREET ADDRESS CITY- ST- ZIP
--

TITLE NAME STREET ADDRESS CITY- ST- ZIP
--

TITLE NAME STREET ADDRESS CITY- ST- ZIP
--

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

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

Date

Daytime Phone #

Paul Walczak 2/21/06 Ser-627-0664