

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

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

**DOCUMENT # L01000003732**

1. Entity Name  
HQM OF PINE RIDGE, 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)

4. FEI Number  
65-1087266

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000542622  
05/10/06-80107-001 50.00

**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    |  |

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| NAME           |  |
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| 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* 2/21/06 561-627-0001