
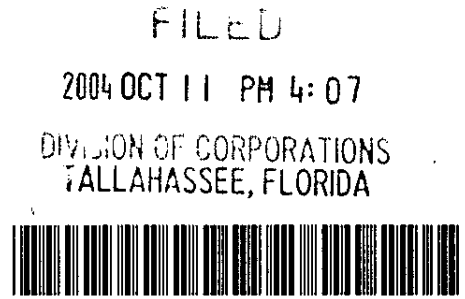


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000013460		
1. Entity Name HQM OF PIGEON FORGE, LLC		

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
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2. Principal Place of Business S 2979 PGA Blvd. C Palm Beach Gardens, FL 33410 Zi	3. Mailing Address 2979 PGA Blvd. Palm Beach Gardens, FL 33410
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MOORE CR2E083 (4/04)

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 Sandra Adams 2979 PGA Blvd. City Palm Beach Gardens, FL 33410 de	
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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)

<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By September 8, 2004</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOME QUALITY MANAGEMENT, INC. 2401 PGA BLVD., STE. 146 PALM BEACH GARDENS FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOME QUALITY MANAGEMENT, INC. 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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