2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR)							
DOCUMENT # L01000013460 1. Entity Name					FII	_cl	
HQM OF PIGEON FORGE, LLC					2004 OCT 11 PM 4: 07		
Principal Place of Business Mailing Address					מוני יטא פר מ	- - - - - - - - - - - - - - - - - - -	N.O.
2401 PGA BLVD., STE. 155 PALM BEACH GARDENS FL 33410 2401 PGA BLVD., STE. 155 PALM BEACH GARDENS FL 3			3410	DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address S							
2979 PGA Blvd. 2979 PGA Blvd.				MOORE	CR2E083 (4/0) 4)	
	Palm Beach Gardens	Palm Beach Gardens, FL 33410		4. FEI Number 65-1132645		Applied For Not Applicable	
Zi				5. Certificate of Status Desired	□ \$5.00 Fee Re	Additional guired	
6. Name and Address of Current Registered Agent					7. Name and Address of New R		
				Name			• •
ADAMS, SANDRA L 2401 PGA BOULEVARD, SUITE 155				Street Addres			
PALM BEACH GARDENS FL 33410				Sandra Adams ————			
			2979 PGA Blvd.				
			ļ	\	Palm Beach Gardens, F		de ノ
	named entity submits this statement for	the purpose of changing its re	gistere	d office or register	red agent, or both, in the State of Flo	rida. I am familiar	with, and accept
the obligations of registered agent.)	8/31/04		
SIGNATURE Signature, typed or printer fame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							 ,
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004							
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/		
TITLE NAME	MGRM ENTLY S HOME QUALITY MANAGEMENT, II	EP 29 Delete	TITLE	:	HOME QUALITY MANAGE		nge Addition
STREET ADDRESS CITY-ST-ZIP	2401 PGA BLVD., STE. 146		STREE	ET ADDRESS ST-ZIP -	2979 PGA BOULEV PALM BEACH GARDENS		
TITLE		☐ Delete	TITLE			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	10/11/04-01045-	75917 017 **50.	00
TITLE		☐ Delete	TITLE			☐ Cha	nge 🔲 Addition
NAME			NAME	l			
STREET ADDRESS CITY-ST-ZIP			CITY-	ET ADDRESS ST-ZIP		·	
TITLE NAME		☐ Delete	TITLE NAME			☐ Cha	nge 🔲 Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			CITY-	ST-ZIP			
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NAME STREET ADDRESS			NAME STREE	T ADDRESS			
City-St-ZIP			•	ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Cha	nge 🗌 Addition
NAME STREET ADDRESS			NAME	T ADDRESS			
CITY-ST-ZIP	•		1	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: FAUL WALCZAL 8/31/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date Daytime Phone #							