## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000013460

HQM OF PIGEON FORGE, LLC



**FILED** Apr 30, 2007 08:00 A 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



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1132645

Applied For 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		DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE		
Fi Di	ling Fee Is \$50.00 ue by May 1, 2007	
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		
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STREET ADDRESS		·

11. Thereby 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.

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

CITY-ST-ZIP