

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014307

Entity Name: HMK MANAGEMENT LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

1353 PALMETTO AVENUE  
SUITE 120  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1742  
WINTER PARK, FL 32790

**New Mailing Address:**

FEI Number: 59-3744032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, MATHENY & EAGAN, P.A.  
605 EAST ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

GRAHAM, ROBERT C  
1353 PALMETTO AVENUE  
SUITE 120  
WINTER PARK, FL 32789 US

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.

SIGNATURE: ROBERT CRAIG GRAHAM

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, MARTHA K  
Address: 1800 ESPANOLA DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Delete  
Name: GRAHAM, ROBERT C  
Address: 1353 PALMETTO AVENUE -SUITE 120  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT CRAIG GRAHAM

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date