July 34, 2

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022091

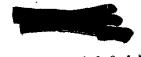
1. Entity Name

HM, LLC

DO NOT WRITE IN THIS SPACE

FILED Apr 02, 2002 8:00 am Secretary of State

03-05-2002 90007 008 ****55.00



Dayline Phone #

19917 2. Principal Place of Business 3. Mailing Address 780 El Dorad same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>80-0024639</u> Not Applicable antation \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent G. McCar DO NOT WRITE IN THIS SPACE Plantation 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stata of Florida SIGNATURE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS President Valevie McCarty Pkwy 780 El Dorado Pkwy TITLE TITLE CR2E083B (12/01 NAME NAME STREET ADDRESS STREET ADDRESS Plantation, FL 33317 CITY-ST-ZIP CITY-ST-ZIP MUE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME ... NAME STREET ADORESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

R, OR AUTHORIZED REPRESENTATIVE