

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022091

Entity Name: HM, LLC

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

7744 PETERS RD
312
FORT LAUDERDALE, FL 33324

Current Mailing Address:

7744 PETERS RD
312
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

7744 PETERS RD
#312
FORT LAUDERDALE, FL 33324

New Mailing Address:

7744 PETERS RD
#312
FORT LAUDERDALE, FL 33324

FEI Number: 80-0024639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, LAWRENCE H
2514 HOLLYWOOD BOULEVARD
SUITE 508
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCCARTY, JOHN E
Address: 7744 PETERS ROAD #312
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: MCCARTY, VALERIE G
Address: 7744 PETERS RD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCARTY, JOHN E
Address: 7744 PETERS RD #312
City-St-Zip: PLANTATION, FL 33324

Title: MGRM (X) Change () Addition
Name: MCCARTY, VALERIE G
Address: 7744 PETERS RD #312
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E MCCARTY

MGR

01/04/2005

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