
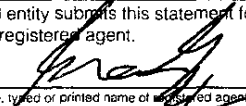
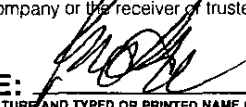


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90069 030 \*\*\*\*50.00

<b>DOCUMENT # L02000007798</b> 1. Entity Name <b>H &amp; M HOLDINGS, L.L.C.</b>			
Principal Place of Business <b>1734 MAIN STREET SARASOTA FL 34236</b>		Mailing Address <b>1734 MAIN STREET SARASOTA FL 34236</b>	
2. Principal Place of Business <b>100 Wallace Ave</b> Suite, Apt. #, etc. <b>310</b>		3. Mailing Address <b>100 Wallace Ave.</b> Suite, Apt. #, etc. <b>310</b>	
City & State <b>Sarasota, FL</b> Zip <b>34237</b> Country		City & State <b>Sarasota, FL</b> Zip <b>34237</b> Country	
4. FEI Number <b>33-4585445</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HOGREVE, BRADLEY W P.A. 1734 MAIN STREET SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name <b>Bradley W. Hogueve</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Wallace Ave. # 310</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34237</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>3/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGREVE, BRADLEY W <del>1734 MAIN STREET</del> <b>100 Wallace Ave #310</b> SARASOTA FL <del>34236</del> <b>34237</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDAWAR, JEANNE <del>1734 MAIN STREET</del> <b>100 Wallace Ave #310</b> SARASOTA FL <del>34236</del> <b>34237</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Bradley W. Hogueve</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3/1/04</b> Daytime Phone # <b>941-951-7700</b>	