

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90219 043 \*\*\*\*50.00

**DOCUMENT # L02000014754**

1. Entity Name  
HRC VENTURES, L.L.C.



Principal Place of Business  
35 POQUITO ROAD  
SHALIMAR, FL 32579

Mailing Address  
P.O. DRAWER 877  
SHALIMAR, FL 32579-9877

**24032458**



02012004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3863151

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ANCHORS, MICHELLE  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAMBLEY, WILLIAM C JR, MD  
P.O. DRAWER 877  
SHALIMAR, FL 325790877

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CAMPBELL, JOHN J M.D.  
P.O. DRAWER 877  
SHALIMAR, FL 325790877

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RIGGS, BARRY F M.D.  
P.O. DRAWER 877  
SHALIMAR, FL 325790877

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *William C. Hambley*

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

*WILLIAM C. HAMBLEY JR* *Mar 17, 2004* *850-314-7575*

Date

Daytime Phone #