2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L02000016416

Entity Name: HMZ, L.L.C.

Current Principal Place of Business:

1600 JENKS AVENUE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1600 JENKS AVENUE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 55-0800111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUZNY, DEBORAH
1600 JENKS AVE.
PANAMA CITY, FL 32405 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/MANAGERS:

Title: MGRM ( ) Delete
Name: MULLIS, O. LEE M.D.
Address: 1600 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete
Name: JOHN A. HIRSCH TRUST,
Address: 20 SCHOONER RIDGE
City-St-Zip: MARBLEHEAD, MA 01945

Title: MGRM ( ) Delete
Name: RONALD W. ZOLLA TRUS, T
Address: 15 BROOKSIDE RD
City-St-Zip: TOPSFIELD, MA 01983

ADDITIONS/CHANGES:

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

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: LEE MULLIS MGRM 03/24/2009

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