


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90110 006 ****50.00

DOCUMENT # L03000000308	
1. Entity Name HMI LLC	

Principal Place of Business BANK ONE, NA 3399 PGA BLVD. #100 PALM BEACH GARDENS, FL 33410	Mailing Address BANK ONE, NA 3399 PGA BLVD. #100 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business - No P.O. Box # JPMORGAN CHASE BANK N.A. Suite, Apt. #, etc. 3399 PGA BLVD, SUITE 100 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA	3. Mailing Address JPMORGAN CHASE BANK N.A. Suite, Apt. #, etc. 3399 PGA BLVD, SUITE 100 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA
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04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 43-2027336	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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5. Name and Address of Current Registered Agent GOMOLL, GARY 3399 PGA BLVD STE. 100 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent Name PETER B. TIERNAN Street Address (P.O. Box Number is Not Acceptable) JPMORGAN CHASE BANK N.A. 3399 PGA BLVD, SUITE 100 City PALM BEACH GARDENS FL Zip Code 33410
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANK ONE, N. A. TRUSTEE 3399 PGA BLVD. STE 100 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JPMORGAN CHASE BANK N.A. 3399 PGA BLVD, SUITE 100 PALM BEACH GARDENS, FL 33410 <input checked="" 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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Peter B. Tiernan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: April 30, 2007
Daytime Phone #