


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L03000020299 1. Entity Name HMD MANAGEMENT, LLC |  |
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| Principal Place of Business 1941 SAPPHIRE LANE CLEARWATER, FL 33760 US | Mailing Address 1941 SAPPHIRE LANE CLEARWATER, FL 33760 US |
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01262005 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 20-0033870 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KENT RUNNELLS, P.A. 101 MAIN STREET A SAFETY HARBOR, FL 34695 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRP GRIFFIN, HUBERT L JR. 1941 SAPPHIRE LN CLEARWATER, FL 33760 |
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| <p>000000231866 02/16/05-80047-014 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  **2/14/05** **727-454-4005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #