2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L03000020299

Entity Name: HMD MANAGEMENT, LLC

Current Principal Place of Business:

1941 SAPPHIRE LANE
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

1941 SAPPHIRE LANE
CLEARWATER, FL 33760 US

New Mailing Address:

101 MAIN STREET
SUITE A
SAFETY HARBOR, FL 34695 US

FEI Number: 20-0033870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENT RUNNELLS, P.A.
101 MAIN STREET
A
SAFETY HARBOR, FL 34695 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: MGRP ( ) Delete
Name: GRIFFIN, HUBERT L JR.
Address: 1941 SAPPHIRE LN
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: RUNNELLS, KENT B
Address: 101 MAIN STREET, SUITE A
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Change (X) Addition
Name: MICHELE, RIGATO F
Address: 6940 HIDDEN OAKS CIRCLE
City-St-Zip: CLEARWATER, FL 33764 US

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: KENT B. RUNNELLS MRGM 04/30/2007

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