


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90029 011 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000022064</b>                            |  |
| 1. Entity Name<br><b>HM PROPERTIES OF VERO BEACH, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4420 BEACON CIRCLE, SUITE 100<br/>WEST PALM BEACH, FL 33407</b> | Mailing Address<br><b>4420 BEACON CIRCLE, SUITE 100<br/>WEST PALM BEACH, FL 33407</b> |
|---|---|

**20008540**

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>7641 CENTRAL INDUSTRIAL DR</b> | 3. Mailing Address<br><b>7641 CENTRAL INDUSTRIAL DR.</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                      |



04182007 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| City & State<br><b>RIVIERA BEACH FL</b> | City & State<br><b>RIVIERA BEACH, FL</b> |
| Zip<br><b>33404</b>                     | Country<br><b>US</b>                     |
| Zip<br><b>33404</b>                     | Country<br><b>US</b>                     |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>11-3693540</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>STANTON, ROGER C<br/>4420 BEACON CIRCLE, SUITE 100<br/>WEST PALM BEACH, FL 33407</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>W. K. MOONEY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7641 CENTRAL INDUSTRIAL DR</b><br>City<br><b>RIVIERA BEACH</b> <b>FL</b> Zip Code<br><b>33404</b> |
|--|--|

|   |                     |
|---|---------------------|
| 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    | DATE <b>4/18/07</b> |
| (NOTE: Registered Agent signature required when reinstating)  |                     |

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MOONEY, W K<br>4420 BEACON CIRCLE<br>WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7641 CENTRAL INDUSTRIAL DR<br/>RIVIERA BEACH, FL 33404</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MOONEY, HARRIET<br>4420 BEACON CIRCLE<br>WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7641 CENTRAL INDUSTRIAL DR<br/>RIVIERA BEACH, FL 33404</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:         | DATE: <b>4/18/07</b> | DAYTIME PHONE: <b>561 842-4911</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                      |                                    |