


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # L03000022064 1. Entity Name HM PROPERTIES OF VERO BEACH, LLC	
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Principal Place of Business 7641 CENTRAL INDUSTRIAL DR RIVIERA BEACH, FL 33404	Mailing Address 7641 CENTRAL INDUSTRIAL DR RIVIERA BEACH, FL 33404
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3693540	Applied For Not Applicable
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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 MOONEY, W.K. 7641 CENTRAL INDUSTRIAL DR RIVIERA BEACH, FL 33404
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

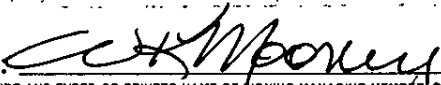
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MOONEY, W K 7641 CENTRAL INDUSTRIAL DR RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MOONEY, HARRIET 7641 CENTRAL INDUSTRIAL DR RIVIERA BEACH, FL 33404
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**DO NOT WRITE
IN THIS SPACE**

U00000730881
01/23/08-80051-017.138.75

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 606, Florida Statutes.

SIGNATURE  **1/14/08** **561 881-5880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #