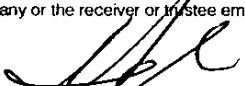


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90027 031 ****50.00

DOCUMENT # L03000025578 1. Entity Name HM PROPERTIES, LLC					
Principal Place of Business 1715 S.E. TIFFANY AVENUE PORT ST. LUCIE, FL 34982			Mailing Address 1715 S.E. TIFFANY AVENUE PORT ST. LUCIE, FL 34982		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 54-1178020				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DELROWE, DANIEL J MD 1715 S.E. TIFFANY AVENUE PORT ST. LUCIE, FL 34982			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELROWE, DANIEL J 1715 SE TIFFANY AVE PORT SAINT LUCIE, FL 34952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1715 SE TIFFANY AVE Port St. Lucie, FL 34952 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGLEY, KEN 1718 SE TIFFANY AVE PORT SAINT LUCIE, FL 34952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1715 SE TIFFANY AVE Port St. Lucie, FL 34952 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATAMEROS, SILVIANO 1718 SE TIFFANY AVE PORT SAINT LUCIE, FL 34952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1715 SE TIFFANY AVE Port St. Lucie, FL 34952 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANNON, CHRIS T 1718 SE TIFFANY AVE PORT SAINT LUCIE, FL 34952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1715 SE TIFFANY AVE Port St. Lucie, FL 34952 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALLONEE, JOHN D 1718 SE TIFFANY AVE PORT SAINT LUCIE, FL 34952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1715 SE TIFFANY AVE Port St. Lucie, FL 34952 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE:  Daniel J. DelRowe			3/13/06 772-337-2000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		