


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045365

1. Entity Name
 HMS CONSTRUCTION, LLC



Principal Place of Business 215 CONIFER LANE ORMOND BEACH, FL 32174	Mailing Address 215 CONIFER LANE ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



04012005No Cfg-LLC CR2E083 (10/03)

4. FEI Number 33-1078084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, HARRY M
 215 CONIFER LANE
 ORMOND BEACH, FL 32174

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I, 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

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, HARRY M 215 CONIFER LANE ORMOND BEACH, FL 32174
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 04/04/05-80016-017 50.00

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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: *Harry M. Smith* **HARRY M. SMITH** 4-1-05 386-295-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #