

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049021

Entity Name: H. C. M. PROPERTIES, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

420 WEST MILL CHASE COURT
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

420 WEST MILL CHASE COURT
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 27-0073016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEARING, MARK C
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH, FL 32250 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: MGRM () Delete
Name: MORRIS, BRUCE E
Address: 420 WEST MILLE CHASE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: CASPER, MARK A
Address: 1100 DURBIN PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: HARRIGAN, MICHAEL
Address: 114 MARGARET STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE E MORRIS

MGR

04/30/2006

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