

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Aug 20, 2006  
Secretary of State

DOCUMENT# L04000010165

Entity Name: HMR ENTERPRISES LLC

**Current Principal Place of Business:**

1400 18TH AVE. SOUTH  
ST PETERSBURG, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

1400 18TH AVE. SOUTH  
ST PETERSBURG, FL 33619

**New Mailing Address:**

FEI Number: 20-0695757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 US

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: ISSA, NAELA K  
Address: 1400 18TH AVE. SOUTH  
City-St-Zip: ST PETERSBURG, FL 33619

Title: MGRM ( ) Delete  
Name: ISSA, MICHAEL S  
Address: 1400 18TH AVE. SOUTH  
City-St-Zip: ST PETERSBURG, FL 33619

**ADDITIONS/CHANGES:**

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: NAELA ISSA

MGRM

08/20/2006

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