2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L04000049442

Entity Name: HHM LAKES LLC

Current Principal Place of Business:

15797 SW 20TH ST
DAVIE, FL 33326

New Principal Place of Business:

7143 NW 123RD AVE
PARKLAND, FL 33076

Current Mailing Address:

15797 SW 20TH ST
DAVIE, FL 33326

New Mailing Address:

7143 NW 123RD AVE
PARKLAND, FL 33076

FEI Number: 38-3704076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, HORACE C
15797 SW 20TH ST
DAVIE, FL 33326 US

Name and Address of New Registered Agent:

MARTIN, HORACE C
7143 NW 123RD AVE
PARKLAND, FL 33076 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: 01/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MARTIN, HORACE C
Address: 15797 SW 20TH ST
City-St-Zip: DAVIE, FL 33326

Title: MGRM ( ) Delete
Name: DOYLES-MARTIN, HOPE E
Address: 15797 SW 20TH ST
City-St-Zip: DAVIE, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MARTIN, HORACE C
Address: 7143 NW 123RD AVE
City-St-Zip: PARKLAND, FL 33076

Title: MGRM (X) Change ( ) Addition
Name: DOYLES-MARTIN, HOPE E
Address: 7143 NW 123RD AVE
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HORACE C MARTIN MGRM 01/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date