


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-01-2006 90228 018 ****50.00

| | | | | | |
|---|---|---------------------------------|---|---|---|
| DOCUMENT # L05000005808 | | | |  | |
| 1. Entity Name H & M ENTERPRISES, LLC | | | | | |
| Principal Place of Business 5105 ST. ANDREW ISLAND DRIVE VERO BEACH FL 32967 | | | Mailing Address 5105 ST. ANDREW ISLAND DRIVE VERO BEACH FL 32967 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 16-1752597 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GARAVAGLIA, MICHAEL 756 BEACHLAND BOULEVARD VERO BEACH FL 32963 | | | | 7. Name and Address of New Registered Agent Name <u>MARQUIS DOUGLAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>5105 ST. ANDREW ISLAND DR</u> City <u>VERO BEACH</u> FL <u>32967</u> | |
| 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 <u>Douglas P. Margy</u> DATE <u>1/17/06</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM H & D ASSOCIATES, LLC 5105 ST. ANDREW ISLAND DRIVE VERO BEACH FL 32967 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM H & D ASSOCIATES | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MARQUIS ENTERPRISES, LLC 5105 ST. ANDREW ISLAND DRIVE VERO BEACH FL 32967 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>Douglas P. Margy</u> | | | <u>1/26/06</u> (17) 559-1078 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |