## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 22, 2007 08:00 A Secretary of State

AITITORE ILLI OILI				
DOCUMENT # L05000055700  1. Entity Name HMJ PROPERTY, LLC				
Principal Place of Business 10310 LAKE GROVE DRIVE	Mailing Address 10310 LAKE GROVE DRIVE	i i	T	
ODESSA, FL 33556	ODESSA, FL 33556			



## DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2960072

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN HISE, HAROLD C 10310 LAKE GROVE DRIVE ODESSA, FL 33556

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its registions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE_				
		ered Agent signature required when relinitiating) CATE		
Filling Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
IME	MGRM			
NAME	VAN HISE, HAROLD C	<u> </u>		
STREET ADORESS	10310 LAKE GROVE DRIVE	01/22/07-80065-013 50.00		
CITY+ST-ZIP	ODESSA, FL 33556			
TITLE	MGRM	Tall the state of		
RAME	KELLER, MARK F			
STREET ADDRESS	10309 LAKE GROVE DRIVE			
CITY - ST - ZIP	ODESSA, FL 33556			
TITLE	MGRM	7		
NAME	SPALLINO, JOHN F			
STREET ADDRESS	10307 LAKE GROVE DRIVE	DO NOT WOITE		
CITY-ST-ZIP	ODESSA, FL 33556	DO NOT WRITE		
TITLE		IN THIS SPACE		
NAME	<u>,</u>	IN THIS SPACE		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<u>-</u>		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<b>1</b>		
NAME	•			
CTOSET ADDOSEC				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: De Cherches

CITY-ST-ZIP

1-18-07

813-926-8420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davime Phon