

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000055700

1. Entity Name
HMJ PROPERTY, LLC



Principal Place of Business

**10310 LAKE GROVE DRIVE
ODESSA, FL 33556**

Mailing Address

**10310 LAKE GROVE DRIVE
ODESSA, FL 33556**



02062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. --MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VAN HISE, HAROLD C
10310 LAKE GROVE DRIVE
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KELLER, MARK F
10309 LAKE GROVE DRIVE
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPALLINO, JOHN F
10307 LAKE GROVE DRIVE
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000841526
03/10/08-80018-011 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

[Handwritten Signature]

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

1-30-08

Date

Daytime Phone #