## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Secretary of State ٠ 🌤 DOCUMENT # L05000071503 02-22-2006 90109 030 \*\*\*\*50.00 HM PROPERTY HOLDINGS LLC Principal Place of Business Mailing Address 725 NORTH A1A ROAD 725 NORTH A1A ROAD SUITE C-109 JUPITER FL 33477 SUITE C-109 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAW, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 725 NORTH A1A ROAD SUITE C-109 **JUPITER FL 33458-8** Zip Code 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 lamiliar with, and accept (NOTE, Registraça Arient signature required when resolutivity FILE NOW III FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES---9. 10. TITLE MGRM . Delete TITLE ☐ Change Addition NAME SHAW, MATTHEW MAME STREET ADDRESS STREET ADDRESS 307 XANKDU PLACE CITY-51-ZIP JUPITER FL 33477 CITY-ST-ZIP TOTAL MGRM ☐ Detele THLE ☐ Change Addition NAME VIDETTO, HAL J NAME STREET ADDRESS STREET ADDRESS 8130 ROSEMARIE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** THE ☐ Poloto TATE F \_\_\_ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete THEF Change ☐ Addition HITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 11. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the information indicated on this report is true and occurred 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 feeting of the empowered to execute this report as required by Chapter 608, Florida Statutes. 561748-6160 TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 14, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

HM PROPERTY HOLDINGS LLC 725 NORTH A1A ROAD SUITE C-109 JUPITER. FL 33477

Subject: HM PROPERTY HOLDINGS LLC

Reference Number:

L05000071503

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION