## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000100646

KIEFFER, MICHAEL

33 CAMINO REAL, APT. 415

BOCA RATON, FL 33432

Name:

Address:

City-St-Zip:

Entity Name: HMC CAPITAL, LLC

FILED Jul 05, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 CLEMATIS STREET, SUITE 200 C/O HUNTER B. BEALL WEST PALM BEACH, FL 33401 **New Mailing Address: Current Mailing Address:** 400 CLEMATIS STREET, SUITE 200 C/O HUNTER B. BEALL WEST PALM BEACH, FL 33401 FEI Number: 76-0802414 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEALL, HUNTER B 400 CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BEALL, HUNTER B Name: Name: 3411 WASHINGTON ROAD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition JAGOSITS, MICHAEL Name: JAGOSITS, MICHAEL Name: Address: 7211 WILSON ROAD Address: 801 S. OLIVE AVE. #237 City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33401 Title: MGRM () Delete Title: () Change () Addition TINEV, HRISTO Name: Name: Address: 33 EAST CAMINO REAL, APT. 618 Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition GEORGOPOULOS, CHRISTOPHER Name: Name: Address: 2800 N. FLAGLER DRIVE, #907 Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

KIEFFER, MICHAEL

780 S. SAPODILLA AVE., # 406

WEST PALM BEACH, FL 33401

SIGNATURE: HUNTER BEALL MGRM 07/05/2006