


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-21-2007 90103 004 ****50.00

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| DOCUMENT # L06000036349 | |  | |
| 1. Entity Name H&M CONSULTING GROUP, LLC | | | |
| Principal Place of Business 1014 GARRISON DRIVE ST AUGUSTINE, FL 32092 <i>Jm</i> | | Mailing Address 1014 GARRISON DRIVE ST. AUGUSTINE, FL 32092 | |
| 2. Principal Place of Business - No P.O. Box # 8382 Baymeadows Rd Suite, Apt. #, etc. STE 8 | | 3. Mailing Address 1014 GARRISON DRIVE Suite, Apt. #, etc. | |
| City & State Jacksonville FL | | City & State ST Augustine FL | |
| Zip 32256 Country USA | | Zip 32092 Country USA | |
| 4. FEI Number 20-4647797 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 02092007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE STE 1300 JACKSONVILLE, FL 32202-5017 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGING MEMBER <input type="checkbox"/> Delete John Mullane 1014 GARRISON DRIVE ST AUGUSTINE FL 32092 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGING MEMBER <input type="checkbox"/> Delete CHRIS HARRIS 5706 Wedgefield Drive Zephyrhills, FL 33541 | 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 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: <i>John Mullane</i> | | Date: 2/13/07 Daytime Phone #: 904 881-4573 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | |

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