



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000044832</b> 1. Entity Name HMF LLC	
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Principal Place of Business 1323 S.E. THIRD AVE. FT. LAUDERDALE, FL 33316	Mailing Address 1323 S.E. THIRD AVE. FT. LAUDERDALE, FL 33316
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-8325137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FORMAN, H. COLLINS JR.  
1323 S.E. THIRD AVE.  
FT. LAUDERDALE, FL 33316

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

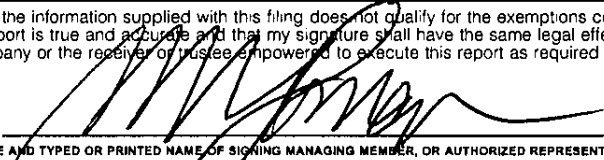
U00000930888  
05/21/08-80127-007 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, AUSTIN M 888 SE THIRD AVENUE, SUITE 501 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, CHARLES R 888 SE THIRD AVENUE, SUITE 501 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #