2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008615

1. Entity Name H.M., LLC



FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

% HARID CONSERVATORY OF MUSIC, INC. 2285 POTOMAC ROAD BOCA RATON, FL 33431 % HARID CONSERVATORY OF MUSIC, INC. 2285 POTOMAC ROAD BOCA RATON, FL 33431



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
59-2767172		Not Applicabl
5. Certificate of Status Desired	×	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANKINS, JAMES M HODGSON RUSS LLP 1801 N. MILITARY TRAIL STE. 200 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

	nons of registered agent.	grights registered direct or registered agent, or both, in the State of Florida. Fatt terminal with and	accopt
SIGNATURE:	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
FILE After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75	U00000840316 03/06/08-80043-007 143.	 75
9.	MANAGING MEMBERS/MANAGERS	·	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOON, JUDY % 2285 POTOMAC ROAD BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_
TITLEF (ALL LEFT)	NUMBER OF THE CONTROL		

8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both in the State of Florida. Lam familiar with and accept

11. I nereby certify that the information supplied with this filling 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: ___

STREET ADDRESS
CITY-ST-ZIP

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

2/20/08 561-997-2677

Daylime Phone #

TUDY ANTOON