

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002210

1. Entity Name
HMR ASSOCIATES, LLC



Principal Place of Business
6560 WEST ROGERS CIRCLE
STE 13
BOCA RATON, FL 33487

Mailing Address
6560 WEST ROGERS CIRCLE
STE 13
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
11-2866428

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUBERT, HOWARD
6560 WEST ROGERS CIRCLE STE 13
BOCA RATON, FL 33487

**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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when remstating)

DATE _____

1100000000000000

04/07/08-80031-024 138.75

FILE NOW!!! FEE IS \$138.75

After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FREEDMAN, RONI
STREET ADDRESS	3638 S. OCEAN BLVD.
CITY - ST - ZIP	BOCA RATON, FL 33487

TITLE	MGRM
NAME	SCHUBERT, MITCHELL
STREET ADDRESS	10407 WINDINGRIDGE CIRCLE
CITY-ST-ZIP	RICHMOND, VA 23233

TITLE	MGR
NAME	SCHUBERT, HOWARD
STREET ADDRESS	2543 NW 64TH BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33496

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 # _____