2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M01000002740

1. Entity Name
HM INVESTORS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 18 AM 11:09

Principal Place of Business	Mailing Address
600 N. WESTSHORE BLVD., SUITE 410 TAMPA, FL 33609	600 N. WESTSHORE BLVD., SUITE 410 TAMPA, FL 33609

11162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3720805 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KADOW, JOSEPH J 2202 N. WEST SHORE BLVD., 5TH FLOOR TAMPA, FL 33607	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete KADOW, JOSEPH J 2202 N WEST SHORE BLVD., 5TH FLOOR TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500061554645 11/18/05--01059--014 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete HOURIGAN, KEVIN 4465 W. GANDY BLVD., SUITE 750 TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR LEE ARNOLD 4465 W. GANDY BLVD.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Esq., Bruce M. Rodgers, Auth. Rep 11/16/05 (813) 258-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #