


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002853
 1. Entity Name
 HCFM, LLC



Principal Place of Business Mailing Address
 1515 S. FEDERAL HIGHWAY, SUITE 401 1515 S. FEDERAL HIGHWAY, SUITE 401
 BOCA RATON, FL 33432 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 22-3839397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'TODLE, DAVID
 % HAIR CLUB FOR MEN, LTD., INC.
 1515 S. FEDERAL HIGHWAY, SUITE 401
 BOCA RATON, FL 33432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

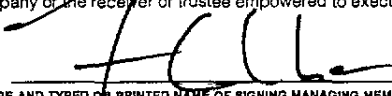
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIR CLUB FOR MEN LTD., INC. 1515 S. FEDERAL HIGHWAY, SUITE 401 BOCA RATON, FL 33432
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 01/24/05-80089-016 50.00

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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:  Fraser Clarke, CFO 1/21/05 543617600x3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #