


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M01000002853 1. Entity Name HCFM, LLC	
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Principal Place of Business 1515 S. FEDERAL HIGHWAY, SUITE 401 BOCA RATON, FL 33432	Mailing Address 1515 S. FEDERAL HIGHWAY, SUITE 401 BOCA RATON, FL 33432
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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	DO NOT WRITE IN THIS SPACE
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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 1/5/05 Daytime Phone #: 561-361-7600 x3227

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