## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M02000002683**

1. Entity Name HQM OF PORT CHARLOTTE, LLC



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 Mailing Address

2979 PGA BOULEVARD

PALM BEACH GARDENS, FL 33410



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0116675

Applied For Not Applicable

		000:100:0
·		5. Certificate of Status Desired 55.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
ADAMS, SANDRA ESQ. 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410		DO NOT WRITE IN THIS SPACE
	e named entity submits this statement for the purpose of changing its registere tions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title ill applicable (NOTE: Registered Agent signature required when reinstating)  DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOME QUALITY MANAGEMENT, INC. 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 000000743605 05/15/07-80115-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		

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 WAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

4126107

5el-627-0664