## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M02000002684** 

1. Entity Name HQM OF FORT MYERS, LLC



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

Principal Place of Business

Mailing Address

2979 PGA BLVD.

STREET ADDRESS CITY-ST-ZIP

PALM BEACH GARDENS, FL 33410

2979 PGA BLVD.

PALM BEACH GARDENS, FL 33410



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1426910 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

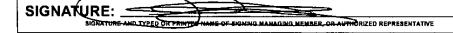
6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of char-<br>tions of registered agent. | ging its registered 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 if applicable               | (NOTE Registered Agent signature required when reinstating)           | DATE                                       |  |
| Fi<br>D                                | iling Fee is \$50.00<br>ue by May 1, 2007  |   |  |  |
| 9.                                     | MANAGING MEMBERS/MANAGERS  | •   |  |  |
| TITLE NAME STREET ADDRESS CITY-S1: ZIP | MGRM HOME QUALITY MANAGEMENT, INC. 2979 PGA BLVD. PALM BEACH GARDENS, FL 33410             |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | DO NOT  | WRITE                                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | IN THIS   | IN THIS SPACE                              |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |  | OF A  | 100000743584                               |  |
| TITLE<br>NAME                          |  |   | 5/07-80115-003 50.00                       |  |

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.



4126107

501-627-0664

Daytime Phon