

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M03000003875

1. Entity Name

HQM OF PORT ST. JOE, LLC



FILED

04 DEC -2 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2401 PGA BLVD., SUITE 155
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BLVD., SUITE 155
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2979 PGA Blvd.
Palm Beach Gardens, FL 33410

3. Mailing Address

2979 PGA Blvd.
Palm Beach Gardens, FL 33410



MOORE

CR2E083 (4/04)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SANDRA ESQ.
2401 PGA BLVD., SUITE 155
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address

Sandra Adams

2979 PGA Blvd.

City

Palm Beach Gardens, FL 33410

State

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

8/31/04

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HOME QUALITY MANAGEMENT, INC.
STREET ADDRESS 2401 PGA BLVD., SUITE 155
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME HOME QUALITY MANAGEMENT, INC.
STREET ADDRESS 2879 PGA BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800043126768
STREET ADDRESS 12/02/04--01031--004 ***150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

OK

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:

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

Date

Daytime Phone #

PAUL WALCZAK 8/31/04