2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M05000006331 FILED 1. Entity Name HGRNC, LLC 06 APR 27 AM 10: 49 Principal Place of Business Mailing Address 2979 PGA BOULEVARD 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3747566 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. DO NOT WRITE 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 IN THIS SPACE 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM THE HOME QUALITY MANAGEMENT, INC. STREET ADDRESS 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP 900074147919 TITLE 95/98/95--01014--020 **1100.00 NAME STREET ADDRESS CITY-ST-7IP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP