## 2008 LIMITED LIABILITY COMPANY

Jan 16, 2008 08 Secretary of

ANN	UAL REPORT			
DOCUMENT # L05000121543  1. Entity Name HTH DEVELOPMENT, LLC				
Principal Place of Business	Mailing Address			
9018 SHENENDOAH CIRCLE NAPLES, FL 34113 US	PO BOX 11404 NAPLES EL 34101	us		



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC

CR2E083 (12/07)

5. Certificate of Status Desired	-/ \$5	.00 Additional
4. FEI Number 20-4172518		Applied For Not Applicable

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE. SUITE 1000 (BMJ) ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

8. The above the obliga	a named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered aç	gent, 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 re	einstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			p + 1
TITLE	MGR			
NAME .	HURTADO, JOHN L SR		* * * * * * * * * * * * * * * * * * * *	<b>t</b>
STREET ADDRESS	PO BOX 1925		,	
CITY-ST-ZIP	SOUTHOLD, NY 11971		10000	เกิรียย4รัว
TITLE	•	,	1 01/17/09	0786452 -80041-009 143:75
NAME		,	OFFICE	00011 000 110110
STREET ADDRESS			r	• • •
CITY-ST-ZIP				
TITLE	,			
NAME	, ·			
STREET ADORESS		,	DO NOT	WRITE
CITY-ST-ZIP				
TITLE			IN THIS	SPACE
NAME		• .		OF THE
STREET ADDRESS				

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADORESS CITY-ST-ZIP

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