2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L05000008417

Entity Name: H.M. DEVELOPMENT, L.L.C.

Current Principal Place of Business:

24200 HIGHWAY 27
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

24200 US HIGHWAY 27
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 20-2225369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

HOLIMAN, MARY
24200 US HIGHWAY 27
LEESBURG, FL 34748 US

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.

SIGNATURE: MARY BETH HOLIMAN 05/02/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCLEAN, DAVID M JR
Address: P.O. BOX 547602
City-St-Zip: ORLANDO, FL 32854 US

Title: MGR ( ) Delete
Name: HOLIMAN, REYNOLDS C
Address: 24200 HIGHWAY 27
City-St-Zip: LEESBURG, FL 34748 US

Title: MGR ( ) Delete
Name: HOLIMAN, MARY B
Address: 24200 HIGHWAY 27
City-St-Zip: LEESBURG, FL 34748 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY BETH HOLIMAN PRES 05/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date