

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008417

FILED
Apr 07, 2009
Secretary of State

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:

24200 HIGHWAY 27
LEESBURG, FL 34748 US

FEI Number: 20-2225369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

MEM

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date