

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007206

Entity Name: HD FLETCHER, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5100 W. KENNEDY BLVD
STE. 225
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

PO BOX 320342
TAMPA, FL 336792342

New Mailing Address:

FEI Number: 59-3717465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M
712 SOUTH OREGON AVENUE
O'MALLEY, WHITAKER & MANSON, P.A.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HUNT, HAMILTON E JR
5100 W KENNEDY BLVD.
SUITE 225
TAMPA, FL 33609 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: HAMILTON E HUNT JR

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUNT, HAMILTON E JR.
Address: 5100 W. KENNEDY BLVD, STE 225
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Delete
Name: DOUGLAS, BRADFORD G
Address: 5100 W. KENNEDY BLVD, STE 225
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUNT DOUGLAS REAL ESTATE SERVICES, INC
Address: 5100 W. KENNEDY BLVD, STE 225
City-St-Zip: TAMPA, FL 33609

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: HAMILTON E HUNT JR

MGR

04/29/2009

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