


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90023 039 *****50.00

DOCUMENT # L02000032562		
1. Entity Name HLD DEVELOPMENT, LLC		

Principal Place of Business 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808	Mailing Address 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808
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2. Principal Place of Business 101 W. Colonial Dr. Suite, Apt. #, etc.	3. Mailing Address 101 W. Colonial Dr. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Zip 32801
Country USA	Country USA

04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4514482	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 N. ORLANDO AVENUE, SUITE 105- COCOA BEACH, FL 32932
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 W. Colonial Dr. City Orlando FL Zip Code 32801
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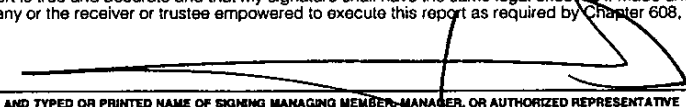
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/22/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KODSI, ALBERT P.O. BOX 320808 COCOA BEACH, FL 32932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERT KODSI 101 W. COLONIAL DR. ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHN B. SHOEMAKER 101 W. COLONIAL DR. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JOE COHEN 101 W. COLONIAL DR. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVE KODSI 101 W. COLONIAL DR. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 4/22/05	DAYTIME PHONE # 407 294 7931
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