

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90149 029 *****50.00

DOCUMENT # L02000032562

1. Entity Name
HLD DEVELOPMENT, LLC



Principal Place of Business

61 W COLONIAL DR
ORLANDO, FL 32801

Mailing Address

61 W COLONIAL DR
ORLANDO, FL 32801

20000303



03272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4514482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
61 W COLONIAL DR
ORLANDO, FL 32801

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KODSI, ALBERT 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOEMAKER, JOHN B 61 W COLONIAL DR ORLANDO, FL 328019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COHEN, ODED 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KODSI, STEVE 61 W COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

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

Oded Cohen 3/31/06

(407) 294-7931 x104

Date