


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90330 009 ****50.00

DOCUMENT # L03000029794	
1. Entity Name HUNTLEY GROUP LLC	

Principal Place of Business 1890 KINGSLEY AVE. ORANGE PARK, FL 32073	Mailing Address 1890 KINGSLEY AVE. ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTLEY, LOUIS L 1890 KINGSLEY AVE ORANGE PARK, FL 32073 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTLEY, L. WARD 1890 KINGSLEY AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, C. D. 1890 KINGSLEY AVE ORANGE PARK, FL 32073 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, JOHN 1890 KINGSLEY AVE ORANGE PARK, FL 32073 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
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: *7/1/07 [Signature]* *L. Ward Huntley 413907 904-276-3598*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #