


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90036 002 \*\*\*\*50.00

<b>DOCUMENT # L04000004850</b>	
1. Entity Name <b>HOWELL CONSTRUCTION &amp; DEVELOPMENT, LLC</b>	

Principal Place of Business <b>168 TRADEWINDS DRIVE SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>168 TRADEWINDS DRIVE SANTA ROSA BEACH, FL 32459</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>39 Second Court</b>	3. Mailing Address <b>P.O. Box 2353</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Santa Rosa Beach, FL</b>	City & State <b>Santa Rosa Beach, FL</b>
Zip <b>32459</b>	Zip <b>32459</b>
Country <b>USA</b>	Country <b>USA</b>



01122007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>MILLER, GEORGE R 562 HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

4. FEI Number <b>38-3701093</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---------------------------------------

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
-----------	---	------

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HOWELL, WALTER S 168 TRADEWINDS DRIVE SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 2353 Santa Rosa Beach, FL 32459</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WADE HORACE HOWELL 168 TRADEWINDS DRIVE SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 2353 Santa Rosa Beach, FL 32459</b> <input checked="" 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
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 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.

<b>SIGNATURE: WADE H. HOWELL</b> <i>Wade Howell</i>	Date <b>1/16/06</b>	Daytime Phone # <b>850-225-1694</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		