

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004850

FILED
Apr 23, 2008
Secretary of State

Entity Name: HOWELL CONSTRUCTION & DEVELOPMENT, LLC

Current Principal Place of Business:

39 SECOND CT
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

471 TWIN LAKES DRIVE
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

P.O BOX 2353
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 38-3701093 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, GEORGE R
562 HIGHWAY 90 EAST
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOWELL, WALTER S
Address: P.O. BOX 2253
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Delete
Name: WADE HORACE HOWELL,
Address: P.O. BOX 2853
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWELL, WADE H
Address: P.O. BOX 2253
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: WADE H HOWELL

MGRM

04/23/2008

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