


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90243 033 \*\*\*\*50.00

<b>DOCUMENT # L04000013218</b> 1. Entity Name <b>H &amp; G DEVELOPMENT CO., LLC</b>	
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Principal Place of Business 1014 3 NOTCH COURT ANDALUSIA, AL 36420	Mailing Address 2020 EAST THREE NOTCH STREET ANDALUSIA, AL 36420
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**20010216**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 1739</b> Suite, Apt. #, etc.
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02222006 Chg-LLC CR2E083 (11/05)

City & State Andalusia AL	4. FEI Number <b>20-0761801</b>
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Applied For	Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
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Andalusia AL  
 36420  
 USA

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FRANKLIN H. WATSON, P.A.</b> 5365 E. COUNTY HIGHWAY 30A, SUITE 105 SEAGROVE BEACH, FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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**FL** Zip Code

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 \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALMAN, DAVID M II	NAME	
STREET ADDRESS	P.O. BOX 1739	STREET ADDRESS	
CITY-ST-ZIP	ANDALUSIA, AL 36420	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, J. DANIEL	NAME	
STREET ADDRESS	2020 EAST THREE NOTCH STREET	STREET ADDRESS	
CITY-ST-ZIP	ANDALUSIA, AL 36420	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:   
 David McCalman

2/22/06