

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050753

FILED
Jan 13, 2008
Secretary of State

Entity Name: HUDSPETH ENTERPRISES LLC

Current Principal Place of Business:

17287 PERDIDO KEY DRIVE, #707
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

5695 NORTHTON CT
WOODBIDGE, VA 22193

New Mailing Address:

1441 PINTO COURT
GENEVA, IL 60134

FEI Number: 20-1358713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSPETH, RICHARD B
1095 NATURE'S HAMMOCK RD S
JACKSONVILLE, FL 32259 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: HUDSPETH, RICHARD B
Address: 1441 PINTO COURT
City-St-Zip: GENEVA, IL 60134

Title: MGR () Delete
Name: HUDSPETH, DAVID R
Address: 5695 NORTHTON CT
City-St-Zip: WOODBRIDGE, VA 22193

Title: MGR () Delete
Name: HUDSPETH, MICHAEL J
Address: 11699 HOWITZER LN
City-St-Zip: WOODBRIDGE, VA 22192

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HUDSPETH, DAVID R
Address: 13213 QUATE LANE
City-St-Zip: WOODBRIDGE, VA 22193

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: RICHARD B. HUDSPETH

MR.

01/13/2008

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