

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-16-2005 90163 010 ****55.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000055784					
1. Entity Name HUFF FAMILY COMPANY, LLC					
Principal Place of Business 12319 TWIN BRANCH ACRES ROAD TAMPA FL 33626			Mailing Address 12319 TWIN BRANCH ACRES ROAD TAMPA FL 33626		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1132434	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT F. BARNETT CHARTERED 234 E. DAVIS BOULEVARD TAMPA FL 33606			7. Name and Address of New Registered Agent Name JOAN HUFF Street Address (P.O. Box Number is Not Acceptable) 12319 TWIN BRANCH AC City TAMPA FL Zip Code 33626		
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 <u>Joan Huff</u> (NOTE: Registered Agent signature required when reinstating) DATE 2-9-05					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOAN HUFF REVOCABLE TRUST 12319 TWIN BRANCH ACRES RD. TAMPA FL 33626 <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	MGR KARAMBIS, JOANN 12319 TWIN BRANCH ACRES RD. TAMPA FL 33626 <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	MGR TRACY, EARL W 12319 TWIN BRANCH ACRES RD TAMPA FL 33626 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STUART-DAWSON 12319 TWIN BRANCH ACRES RD TAMPA, FL 33626 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <u>Joan Huff</u>			Date 2-9-05 813-818-9696		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		