2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005
Secretary of State

DOCUMENT# L04000055832

Entity Name: HUFF'S LLC

Current Principal Place of Business:

P.O. BOX 2272
VALRICO, FL 33595

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2272
VALRICO, FL 33595

New Mailing Address:

FEI Number: 80-0404217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARNES, MELVIN
1710 WINN ARTHUR DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

BARNES, MELVIN A
1818 GREY STONE HEIGHTS DRIVE
VALRICO, FL 33594 US

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: MELVIN A BARNES 05/12/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BARNES, MELVIN
Address: P.O. BOX 2272
City-St-Zip: VALRICO, FL 33595

Title: MGRM ( ) Delete
Name: HUFF, KELLY
Address: P.O. BOX 2272
City-St-Zip: VALRICO, FL 33595

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARNES, MELVIN A
Address: P.O. BOX 2272
City-St-Zip: VALRICO, FL 33595

Title: MGRM (X) Change ( ) Addition
Name: BARNES, KELLY J
Address: P.O. BOX 2272
City-St-Zip: VALRICO, FL 33595

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELVIN A. BARNES MGRM 05/12/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date