2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L05000034001

Entity Name: H.T. HARRELL LLC

Current Principal Place of Business:

5787 HICKORY ST.
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5787 HICKORY ST.
MILTON, FL 32570

New Mailing Address:

FEI Number: 20-2569174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, HENRY T SR.
5787 HICKORY ST.
MILTON, FL 32570 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: HARRELL, HENRY T SR.
Address: 5787 HICKORY ST.
City-St-Zip: MILTON, FL 32570

Title: MGRM ( ) Delete
Name: HARRELL, HENRY T JR.
Address: 5787 HICKORY ST.
City-St-Zip: MILTON, FL 32570

Title: MGRM ( ) Delete
Name: YOUNG, TERESA L
Address: 5883 QUEEN ST
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WAIT, WESLEY
Address: 5787 HICKORY ST.
City-St-Zip: MILTON, FL 32570

Title: MGRM (X) Change ( ) Addition
Name: MOORE, MELISSA L
Address: 5787 HICKORY ST
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY T HARRELL SR MGR 03/06/2007

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