

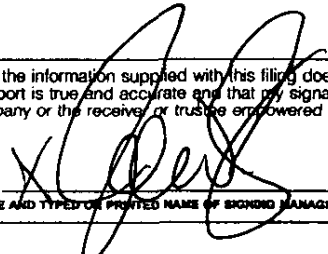


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078003			FILED 07 APR 30 PM 4:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Entity Name HL DEVELOPMENT VENTURES, LLC			
Principal Place of Business 23 LIMPIN COURT CRAWFORDVILLE, FL 32327 US		Mailing Address 23 LIMPIN COURT CRAWFORDVILLE, FL 32327 US	
DO NOT WRITE IN THIS SPACE BK			
		04272007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-3282856	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LENTZ, JOHN W VII 23 LIMPIN COURT CRAWFORDVILLE, FL 32327		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		BK 800101702828 05/07/07--01018--015 **50.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENTZ, JOHN W 2908 NORTHMONT DR TALLAHASSEE, FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVEY, DAVID PO BOX 724 CRAWFORDVILLE, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: 		Date _____ Daytime Phone # _____	