2008 LIMITED LIABILITY COMPANY **FILED** Jan 16, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # L05000078003** HL DEVELOPMENT VENTURES, LLC Principal Place of Business Mailing Address 23 LIMPKIN COURT 23 LIMPKIN COURT CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 US CR2E083 (12/07) 01132008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3282856 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LENTZ, JOHN W VII DO NOT WRITE 23 LIMPKIN COURT CRAWFORDVILLE, FL 32327 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LENTZ, JOHN W
STREET ADDRESS	2908 NORTHMONT DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGRM
NAME	HARVEY, DAVID
STREET ADDRESS	PO BOX 724
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	// <u>-</u>
11. I hereby certify that the information supplied with this filing does not qualify for the ex	

U00000786653 01/17/08-80050-007 138.75

Applied For

\$5.00 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

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.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE A