

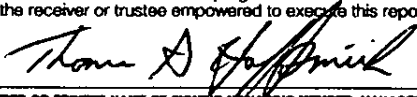


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90029 039 \*\*\*\*\*50.00

<b>DOCUMENT # L05000103846</b> 1. Entity Name <b>HUFFSMITH DEVELOPMENT, LLC</b>					
Principal Place of Business <b>4248 NEW BROAD ST #1-103 ORLANDO, FL 32814</b>			Mailing Address <b>4248 NEW BROAD ST #1-103 ORLANDO, FL 32814</b>		
2. Principal Place of Business <b>3651 DERRAN LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3651 DERRAN LANE</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>743059369</b>	
Zip <b>32814</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HUFFSMITH, THOMAS G 4248 NEW BROAD ST #1-103 ORLANDO, FL 32814</b>				7. Name and Address of New Registered Agent Name <b>HUFFSMITH, THOMAS G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3651 DERRAN LANE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32814</b>	
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUFFSMITH, THOMAS G 4248 NEW BROAD ST #1-103 ORLANDO, FL 32814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUFFSMITH, THOMAS G. 3651 DERRAN LANE ORLANDO FL 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUFFSMITH, ANN D 4248 NEW BROAD ST #1-103 ORLANDO, FL 32814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUFFSMITH, ANN D. 3651 DERRAN LANE ORLANDO, FL 32814	<input checked="" 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
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 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: 			3/15/06 407-897-1320		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		