2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000103846 1. Entity Name HUFFSMITH DEVELOPMENT, LLC



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

3651 DERRAN LANE ORLANDO, FL 32814 US Mailing Address

3651 DERRAN LANE ORLANDO, FL 32814

US



DO NOT WRITE IN THIS SPACE

O1052007 No Chg-LLC

4. FEI Number Applied For 74-3059369 Not Applied be

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

HUFFSMITH, THOMAS G 3651 DERRAN LANE ORLANDO, FL 32814

STREET ADDRESS

DO NOT WRITE IN THIS SPACE

 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 ramiliar with, and accept the obligations of registered agent. 			
SIGNATURE.	Signiture, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUFFSMITH, THOMAS G 3651 DERRAN LANE ORLANDO, FL 32814		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFFSMITH, ANN D 3651 DERRAN LANE ORLANDO, FL 32814		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T NI	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U0000074.4400
TITLE NAME			000000714102 04/27/07-80010-009 50.00

11. I hereby certify that the information supplied with this filling 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: /km / fine

4/14/200) 40)-64)-609