


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000074471

1. Entity Name
H & D, LLC



Principal Place of Business 601 SHORES BLVD. ST. AUGUSTINE, FL 32086 US	Mailing Address 601 SHORES BLVD. ST. AUGUSTINE, FL 32086 US
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DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5279545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOWETNER, DOROTHY A
 601 SHORES BLVD.
 ST. AUGUSTINE, FL 32086**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOWETNER, DOROTHY A 601 SHORES BLVD. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KINARD, HELEN L 2173 CENTURY BLVD. E. ST. AUGUSTINE, FL 32086
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UD00000787793
 01/18/08-80013-017-138.75

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 *Dorothy A Nowetner* **DOROTHY A NOWETNER** 1/15/08 904-797-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #