


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90337 023 \*\*\*138.75

<b>DOCUMENT # L07000014399</b>	
1. Entity Name DH DEVELOPMENT, LLC	

Principal Place of Business 702 WEST REYNOLDS STREET PLANT CITY, FL 33563-4814	Mailing Address 702 WEST REYNOLDS STREET PLANT CITY, FL 33563-4814
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2. Principal Place of Business - No P.O. Box # 102 S. Evers St	3. Mailing Address 102 S. Evers St
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
City & State Plant City, FL	City & State Plant City, FL
Zip 33563	Country

	
02152008	Chg-LLC
CR2E083 (12/06)	
4. FEI Number	Applied For <input checked="" 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  WEISSLER, ROBERT I 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$838.78</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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:** David E Hawthorne **(813) 719-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #