2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State

DOCUMENT # L07000055407 1. Entity Name SOUTHCAP HUFFMAN PROPERTIES, LLC						02-13-20	008 900	63 018 ***13	8.75
Principal Place	e of Business	Mailing Address				60	0007	833	
210 SUNSET BAY COURT 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL			1 33418			,•			
I ALIVI DEAGII	GANDENS, IE 33410	THEN DENOT GINDENS, I	2 33410			E BIJI (2001) 89) 80		A THE SUIT BIRTH BOOK 191	1901 311 1901
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
12557 EquiNE LN 12557 EQ Suite, Apt. #, etc. Suite, Apt. #, etc.			INE LN	1	1 1264/611 611 1	-	··· ••···		
Suite, Apr.	#, etc.	Oute, Apr. #, etc.		02	2072008	Chg-LLC	C	R2E083 (12/06)	
City & State	ighten FC	Wellington,	Fc.	4.	FEI Numbe	3068	04	<u> </u>	oplied For ot Applicable
₹70	Country	Zip 77 414	Country			of Status Desir		\$5.00 Add	
777	6. Name and Address of Current R	egistered Agent		7.	Name and	Address of N	ew Regist		
WELLER			Name	Neller		lenh_	R		
WELLER, DAVID L 4553 SW LONG BAY DRIVE				ddress (P.O. E	Box Numbe	r is Not Accep	table)		
PALM CIT	Y, FL 34990		122		<u></u>				
			City	Jelling	tow			FL Zigo	414
8. The above	named entity submits this statement for	the purpose of changing its re				h, in the State	of Florida.	I am familiar with,	and accept
	ions or registored agent.					Z	15/	08	
SIGNATURE .	Signature Yoed or printed name of registered agent ar	nd title if applicable. (NOTE: R	egistered Agent signal	lure required when r	reinstating)	- /	/-/-	DATE	
- FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75							eck-payable-to- partment of Stat	
After May	1, 2008 Fee will be \$538.75 MANAGING MEMBER		10.			FI		partment of Stat	e.
After May	1, 2008 Fee will be \$538.75	S/MANAGERS	10. TITLE NAME			ADDITIO	orida Dej ONS/CHA	partment of Stat	
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9. Title NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM WELLER, GLENN R 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1255, WELL	7 Ea.	ADDITIO	ONS/CHA	NGES Change	Addition
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Thereby certify that the information supplied/with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the miormation indicated on this report is true and a curaye 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #