

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-13-2008 90063 018 ***138.75

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02072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000055407 1. Entity Name SOUTHCAP HUFFMAN PROPERTIES, LLC					
Principal Place of Business 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418			Mailing Address 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box # 12557 EQUINE LN		3. Mailing Address 12557 EQUINE LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wellington FL		City & State Wellington, FL		4. FEI Number 26-0306804	
Zip 33414		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, DAVID L 4553 SW LONG BAY DRIVE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name: Weller, Glenn R Street Address (P.O. Box Number is Not Acceptable) 12557 EQUINE LN City: Wellington FL Zip: 33414		
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: 2/5/08 <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER, GLENN R 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12557 EQUINE LN WELLINGTON, FL 33414
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER, DAVID L 4553 SW LONG BAY DRIVE PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: G. Weller DATE: 2/5/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					