

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021106

FILED
Jan 29, 2009
Secretary of State

Entity Name: HANNA DEVELOPMENT OF NORTH FLORIDA, LLC

Current Principal Place of Business:

36 KNIGHT BOXX RD
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

P O BOX 66237
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 26-2258382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, ROBERT
7400 BAYMEADOWS WAY - # 106
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

HANNA, DARRELL
1796 MOORINGS CIRCLE
MIDDLEBURG, FL 32068 US

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.

SIGNATURE: DARRELL HANNA

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HANNA, DARRELL
Address: 36 KNIGHT BOXX RD
City-St-Zip: ORANGE PARK, FL 32065

Title: MGR () Delete
Name: HANNA, SUZANNE I
Address: 36 KNIGHT BOXX RD
City-St-Zip: ORANGE PARK, FL 32065

Title: PST (X) Delete
Name: HANNA, DARRELL
Address: 36 KNIGHT BOXX RD
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARRELL HANNA

MGR

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date