

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90143 029 ****50.00

DOCUMENT # M01000000062

1. Entity Name
LANGFORD DEVELOPMENT LLC



Principal Place of Business
512 EAST WASHINGTON STREET
SUITE 200
ORLANDO, FL 32801

Mailing Address
512 EAST WASHINGTON STREET
SUITE 200
ORLANDO, FL 32801

24064122



04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061814

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	K.E. LANGFORD PARTNERS, LLC
STREET ADDRESS	1815 GRIFFIN ROAD
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	MGR
NAME	Langford Hotel LLC
STREET ADDRESS	512 E Washington Street Suite 200
CITY-ST-ZIP	Orlando, FL 32801
TITLE	MGR
NAME	JH Anderson Holdings LLC
STREET ADDRESS	1808 SE 7th Street
CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #