2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0100000062

1. Entity Name

LANGFORD DEVELOPMENT LLC



FILED Mar 06, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

512 EAST WASHINGTON STREET

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

ORLANDO, FL 32801



DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 65-1061814 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. 515 E. PARK AVE. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent.	inging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	(NOTE: INJURIES AND INJURIES AN	
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGFORD HOTEL LLC 512 SE WASHINGTON ST STE 208 ORLANDO, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J H ANDERSON HOLDINGS LLC 300 S INTERLACHEN AVE #204 WINTER PARK, FL 32789		000000849961 03/21/08-80042-012 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE			

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 1 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:

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP, ::

NAME STREET ADDRESS

on A. and K Son

3/3/08

407-644-4464

RIGHATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phor