## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 22, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of S	
DOCU	MENT # M05000005	5851			
	HUERTA, LLC				•
Principal Plac	e of Business	Mailing Address			
2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808		% 3001 TAMIAMI TRAIL N Suite 302 Naples, FL 34103		! !  - 	11 A J 15 A A B 15 A B 16 A 1 J 10 J 15 A B 16 A
	O NOT WRITE	IN THIS SPA	<b>CE</b>	01072008 No Chg-LLC	CR2E083 (12/07)
				4. FEI Number 20-5413827	Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent			
COLLIER				DO NOT W	
NAPLES,	IIAMI TRAIL NORTH, SUITE 30 FL 34103			IN THIS SP	ACE
	e named entity submits this statement fo	the overage of shooting its constant		and agoal or both in the State of Sign	arida Lam familiar with and secont
	e named entity submits this statement to tions of registered agent.	r the purpose of changing its registe	red once or register	red agent, or both, in the state of ric	onea. Tam animar with, and accept
SIGNATURE.	Signature, typed or printed name of registerod agents	and title if applicable (NOTE Registe	red Agent signature required	d when renslating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	,	•		-
9.	MANAGING MEMBE	RS/MANAGERS	1 1 may 2 / - 0.7		
TITLE NAME	MGR TRAPANI, DOLORES				
STREET ADDRESS City-St-Zip	3001 TAMAMI TRAIL NORTH, S NAPLES, FL 34103	SUITE 302			000790287
TITLE NAME					08-80028-017-138.75
STREET ADDRESS CITY-ST-ZIP	,				
TITLE	•				
NAME STREET ADDRESS				DO NOT W	IRITE
CITY-ST-ZIP				- 1 - 2 - 21 (M. 155 Marin) (128 - 4 G) - 444 1 - 45	<ol> <li>ウイビチンフト・トロート ロート</li> </ol>
NAME STREET ADDRESS			Sent and the	IN THIS SE	
CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS CATY-ST-ZIP					
TITLE					
NAME STREET ADDRESS	,				
CITY-ST-ZIP		•	TO THE TOTAL	satyrat, C.C.	grade in the state of the state

11. I heroby 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: