2 <sup>nd</sup> and File on or before Sept FINAL NOTICE: dissolved. If dissolved	t. 30, 1998 or Limited Liability	Company will be		
LIMITED LIABILITY COMPANY ANNUAL REPORT	FLORIDA DEPARTM Sandra B. M Secretary of	ENT OF STATE SEC	FILED RETARY OF STATE ON OF CORPORATIONS	
1998 DIVISION OF CORPORATIONS		PORATIONS 98 00	98 OCT 27 AM 9: 29	
\$ 588.75 Make Check Payable	75 Corporation Supplemental Fee + To: FLORIDA DEPARTMEN			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000085				
HUFFMAN AND COMPANY LLC			Place of Business Address	
2425 EAST MAXWELL LANE BLOOMINGTON IN 47401			AST MAXWELL LANE NGTON IN 47401	
			00002674153\$	
2. Principal Place of Business	Principal Place of Business  2a. Mailing Address  10 130 X 18		nized or Qualified 186. State of Segretaring 75	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/25/ 4. FEI Number		
City & State	BLOOM NGTOW 3	NOT AP	PLICABLE Not Applicable	
Zip Country	21p Count	iou do E	6. Certificate of Status Desired  \$9.75 Additional Fee Required	
7. Name and Address of Current Registered Agent 8. N			ess of New Registered Agent/Office	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited lie its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative			FL 32541 Y 98 E.  Zip Code // submits this statement for the purpose of challging	
as registered agent, and except the obligations.  SIGNATURE  SIGNATURE			DATE 10-8-98	
(Registered Agent Accepting)	rRagistered Agent Accepting Appointment) (NOTE. Registered Agent signature requires		City, State and Zip Code	
MGRM HUFFMAN, EVELYN J 2425 EAST		MAXWELL LANE	BLOOMINGTON IN	
MGRM HUFFMAN, RICHARD V 2425 BAST MAXWE		MXWELL LANE	BLOOMINGTON IN	
MGRM BOND, SUE 2626 N LAKEVIEW #3703 CHICACO IL				
A MAIL WILL NOT BE DELIVERED TO THIS ADDESS MAILING ADDRESS IS POBOX 28 BLOOMINGTON I 47402				
11. I do hereby certify that the information supplied wi indicated on this annual report is true and accurate a limited liability company or the receiver or trustee en attachment with an address.	th this filing does not qualify for the exe	emption stated in Section 119.07(3) (i)	p, Florida Statutes. I further certify that the information th: that I am a managing member or manager of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGINGMEDIER OR MANAGER

Date

Daytime Phone #

SIGNATURE: