2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M97000000085

1. Entity Name
HUFFMAN AND COMPANY LLC



Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2052 SHORELINE TOWERS DESTIN, FL 32541

P.O. BOX 28 BLOOMINGTON, IN 47402 FILED
Jan 07, 2008 08:00 AM
Secretary of State



01022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

SHORELINE TOWERS ASSOC. REALTY 900 GULF SHORE DR DESTIN, FL 32540

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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 agont and title if applicable of the state of the st

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000775450 01/08/08-80030-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGRM HUFFMAN, RICHARD V P.O. BOX 28
CITY+ST-7IP	BLOOMINGTON, IN 47401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOND, SUE 3229 COOPERTREE DR BLOOMINGTON, IN 47401
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NAME STREET ADDRESS CITY-ST-ZIP	, , /
11. I hereby certify that the information supplied with this filling does not qualify for the exe	

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11. Thereby certify that the information supplied with the filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information indicated on this report is frue and accurate and trial 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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #