



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000020337 1. Entity Name HUXTER'S, LLC	
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Principal Place of Business 915 TOLL HOUSE AVE., SUITE 201 FREDERICK, MD 21701	Mailing Address 915 TOLL HOUSE AVE., SUITE 201 FREDERICK, MD 21701
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0567573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DORAGH, PETE
4415 METRO PARKWAY, SUITE 325
FORT MYERS, FL 33916

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P. A. COMPANY OR INDIVIDUAL MEMBER OF LIMITED LIABILITY COMPANY
NAME	FRIZZELL, JAMES A
STREET ADDRESS	915-TOLLHOUSE AVE #201
CITY-ST-ZIP	FREDERICK, MD 21701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

U00000589517
 07/11/06-80030-020 50.00

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 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 606, Florida Statutes.

SIGNATURE: James A. Frizzell Date: 7/7/06 Daytime Phone #: 301-662-7822