


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90065 026 ****50.00

DOCUMENT # L02000032456

1. Entity Name
HUTTOE GROUP, L.L.C.



Principal Place of Business
**3109 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134**

Mailing Address
**5805 SAN VICENTE ST.
 CORAL GABLES, FL 34146**

14011825



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3109 Ponce de Leon Blvd.

Suite, Apt. #, etc.
 City & State

Suite, Apt. #, etc.
Coral Gables, FL

City & State

City & State

Zip Country Zip Country

33134 Miami-Dade

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
41-2070677

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUTTOE, JACQUELINE 5805 SAN VICENTE ST CORAL GABLES, FL 33146	Name Huttoe, Jacqueline
	Street Address (P.O. Box Number is Not Acceptable)
	3109 Ponce de Leon Blvd.
	City Coral Gables FL Zip Code 33134

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 _____ DATE **4/27/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTTOE, JACQUE 5805 SAN VICENTE ST. CORAL GABLES, FL 34146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3109 Ponce de Leon Blvd. Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Jacqueline Huttoe** **4/27/05** **305 445-3730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #