2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000032456

HUTTOE GROUP, L.L.C.



FILED Mar 13, 2008 08:00 . Secretary of State

Principal Place of Business

3109 PONCE DE LEON BLVD CORAL GABLES, FL 33134

Mailing Address

3109 PONCE DE LEON BLVD CORAL GABLES, FL 33134

01302008 No Chg-LLC

CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

HUTTOE, JACQUELINE 3109 PONCE DE LEON BLVD

DO NOT WRITE

CORAL GABLES, FL 33134		IN THIS SPACE		
	named entity submits this statement for the purpose of char tions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	ept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE:		
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	2		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTTOE, JACQUE 3109 PONCE DE LEON BLVD CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTTOE, CHARLES R 3109 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	000000857283 03/31/08-80008-013 143.75	1.0 1.0	
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #