

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083256

1. Entity Name
HUTTON HOUSE, LLC



Principal Place of Business
**942 HARRISON STREET
HOLLYWOOD, FL 33019**

Mailing Address
**942 HARRISON STREET
HOLLYWOOD, FL 33019**



07052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3788897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMPBELL, RICHARD R
942 HARRISON STREET
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMPBELL, BETTE M
942 HARRISON STREET
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CAMPBELL, BETTE M
942 HARRISON STREET
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAMPBELL, RICHARD R
942 HARRISON STREET
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000570139
07/14/06-80001-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

(RICHARD R. CAMPBELL, PRES)

7/11/06 (984) 647 1821