

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003170

Entity Name: HUXTED, L.L.C.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

3208 17 STREET EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

3208 17 STREET EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0887103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802-11TH STREET WEST
BRADENTON, FL 34205 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUXTED, DWAYNE R
Address: 3208 17 STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: HUXTED, RUTH
Address: 3208 17 STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: HUXTED, KIMBERLY
Address: 3208 17 STREET EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIMBERLY D. HUXTED

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date