

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90298 001 ***300.00

DOCUMENT # L03000044136



1. Entity Name
 HUTCHINSON ISLAND DRIVE, LLC

Principal Place of Business
 3540 FOREST HILL BLVD., STE. 203
 WEST PALM BEACH, FL 33406

Mailing Address
 3540 FOREST HILL BLVD., STE. 203
 WEST PALM BEACH, FL 33406

34003751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

20-0389742

Not Applicable

Zip

Country

Zip

Country

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

ARMOUR, ALAN I II
 1645 PALM BEACH LAKES BLVD., STE. 1200
 WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
				<input type="checkbox"/>	manager	George Wheaton	2655 Ocean Dr #400	W Palm Bch FL 33407	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	manager	Thomas Newkirk	4943 Bayway Dr	Tampa FL 33629	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	sect	Deborah Dentry	3540 Forest Hill Blvd #203	W Palm Bch FL 33406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Deborah Dentry Deborah Dentry 4/16/04 5614334210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #