


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 022 ****50.00

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
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DO NOT WRITE IN THIS SPACE

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04192005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0389762	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHEATON, GEORGE 2655 N OCEAN DR # 400 130 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWKIRK, THOMAS 4943 BAYWAY DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENTRY, DEBORAH 3540 FOREST HILL BLVD # 203 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 A Dentry* **Deborah A Dentry** 4/20/05 561-433-4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #