


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005946

1. Entity Name
ROBERT A. HUTH, JR., PL



<i>Principal Place of Business</i>	<i>Mailing Address</i>
2300 GLADES RD. SUITE 260 W BOCA RATON, FL 33431	2300 GLADES RD. SUITE 260 W BOCA RATON, FL 33431



01202005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1016426	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HUTH JR, ROBERT A
2300 GLADES RD, STE 260W
BOCA RATON, FL 33431

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

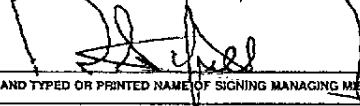
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HUTH, ROBERT A 2300 GLADES RD., SUITE 260 W BOCA RATON, FL 33431
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01/25/05-80099-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____ Date: 1-20-05 Daytime Phone #: 561-392-1800

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

Robert A Huth Jr Member