


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000005946
 1. Entity Name
 ROBERT A. HUTH, JR., PL



| | |
|---|---|
| Principal Place of Business 2300 GLADES RD. SUITE 260 W BOCA RATON, FL 33431 | Mailing Address 2300 GLADES RD. SUITE 260 W BOCA RATON, FL 33431 |
|---|---|



01272006No Chg-LLC CR2E083 (11/05)

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

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

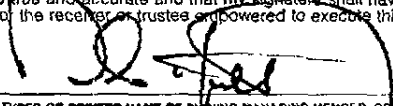
**Filing Fee is \$50.00
 Due by May 1, 2006**

| 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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 03/01/06-80063-006-50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  - 2-2-06 561) 392-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #