

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003048

Entity Name: HUTTON REALTY, LLC

FILED
Feb 26, 2004
Secretary of State

Current Principal Place of Business:

7303 NORTH NEBRASKA AVE.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

7303 NORTH NEBRASKA AVE.
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3731773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE H
C/O DRUMMOND & ASSOCIATES
6714 113TH AVENUE
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: SHRENK ENTERPRISES I, NC
Address: 7303 NORTH NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: GWA ENTERPRISES INC,
Address: 8100 E CAMELBACK RD UNIT #134
City-St-Zip: SCOTTSDALE, AZ 85251

Title: MGR () Change (X) Addition
Name: HUTTON, DARLENE A
Address: 945 NORMANDY TRACE BLVD
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL D. SHRENK

MGR

02/26/2004

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