


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003048 1. Entity Name HUTTON REALTY, LLC	
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Principal Place of Business 7303 NORTH NEBRASKA AVE. TAMPA, FL 33604	Mailing Address 7303 NORTH NEBRASKA AVE. TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3731773	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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: _____
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 September 7, 2005**

05/05/05-80045-005 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHRENK ENTERPRISES INC 7303 NORTH NEBRASKA AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GWA ENTERPRISES INC 8100 E CAMELBACK RD UNIT #134 SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUTTON, DARLENE A 945 NORMANDY TRACE BLVD TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  **4/30/05** **(813) 221-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #