2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# L02000005558

Entity Name: CUTTING HEDGE, LLC

Current Principal Place of Business:

20 TIMBERLAND CIRCLE NORTH
FT. MYERS, FL 33919

New Principal Place of Business:

11990 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

Current Mailing Address:

20 TIMBERLAND CIRCLE NORTH
FT. MYERS, FL 33919

New Mailing Address:

11990 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

FEI Number: 37-1424108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIMPF, CHRISTINE
11990 ROSEMOUNT DRIVE
FORT MYERS, FL 33913 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: MGRM ( ) Delete
Name: SCHIMPF, ERNEST N
Address: 7910 ROYAL BIRKDALE CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: MGRM ( ) Delete
Name: SCHIMPF, CHRISTINE
Address: 7910 ROYAL BIRKDALE CIRCLE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHIMPF, ERNST N
Address: 11990 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM (X) Change ( ) Addition
Name: SCHIMPF, CHRISTINE
Address: 11990 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913

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: CHRISTINE SCHIMPF SECR 07/01/2004

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