

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005558

Entity Name: CUTTING HEDGE, LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

11990 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11990 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 37-1424108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHIMPF, CHRISTINE
11990 ROSEMOUNT DRIVE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

SCHIMPF, CHRISTINE A OWNER
11990 ROSEMOUNT DRIVE
FORT MYERS, FL 33913 US

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: CHRISTINE A. SCHIMPF

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SCHIMPF, CHRISTINE A OWNER
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 A. SCHIMPF

MGRM

04/26/2005

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