2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006923

1. Entity Name E & A HUTCHINSON, LLC

Principal Place of Business

UNIT 9C, ATRIUM ON THE OCEAN II CON. 300 NORTH A1A

NORTH HUTCHINSON ISLAND, FL 34949

Mailing Address

66 OURK ROAD MILFORD, CT 06460

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



01312005 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FEI Number 35-2163384 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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.	am familiar with, and accept
	the obligations of registered agent.	

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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTTSCHALK, EDWARD 15 REINER DRIVE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEMONSKI, ALEXANDER JR 61 ABRAMS RD. CHESHIRE, CT 06410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME	

U00000213166 02/03/05-80059-013 50.00

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11. I hereby certify that the information supplied with this filling 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 muse mature shall have the same legal effect and made under oath; that I am a managing member or manager of the limited liability company or the receiver over the exemption as equired by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP