


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000006923

1. Entity Name
E & A HUTCHINSON, LLC



Principal Place of Business Mailing Address

**UNIT 9C, ATRIUM ON THE OCEAN II CON.
 300 NORTH A1A
 NORTH HUTCHINSON ISLAND, FL 34949**

**66 QUIRK ROAD
 MILFORD, CT 06460**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2163384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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**

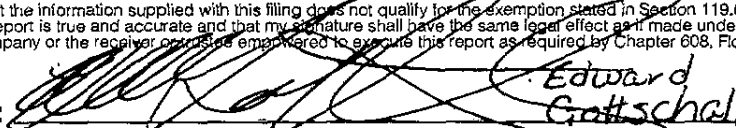
9. MANAGING MEMBERS/MANAGERS

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
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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:  Edward Gottschalk 1/31/05 203-878-3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #