


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # L02000006923</b> 1. Entity Name <b>E &amp; A HUTCHINSON, LLC</b>	
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FILED

2003 FEB 12 AM 11:30

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>UNIT 9C, THE ATRIUM ON THE OCEAN II CONDO 300 NORTH A1A NORTH HUTCHINSON ISLAND FL 34949</b>	Mailing Address <b>UNIT 9C, THE ATRIUM ON THE OCEAN II CONDO 300 NORTH A1A NORTH HUTCHINSON ISLAND FL 34949</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address <b>66 Quirk Road</b>  Suite, Apt. #, etc.  City & State <b>Milford, CT</b>  Zip <b>06460</b>	Country  Country <b>NEW HAVEN</b>
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4. FEI Number <b>35-2163384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
  
 Street Address (P.O. Box Number is Not Acceptable)  
  
 City  
  
 State: **FL** Zip Code

**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)

FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>Edward Gottschalk</b>	
STREET ADDRESS	<b>15 Reiner Drive</b>	
CITY-ST-ZIP	<b>Shelton, CT 06484</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>Alexander Klemonski, Jr.</b>	
STREET ADDRESS	<b>61 Abrams Rd</b>	
CITY-ST-ZIP	<b>Cheshire, CT 06410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500012394465</b>	
STREET ADDRESS	<b>02/12/03--01082--020</b>	
CITY-ST-ZIP	<b>**50.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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** *[Signature]* **SIGNATURE REQUIRED** **Edward Gottschalk** 2/7/03 203-878-3392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)