## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L03000005386** 

1. Entity Name HUGHES, LLC



Principal Place of Business

Mailing Address

1608 WEST IVANHOE BOULEVARD ORLANDO, FL 32804 1608 WEST IVANHOE BOULEVARD ORLANDO, FL 32804 FILED Feb 04, 2005 08:00 AM Secretary of State



01312005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1681891 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, BRADLEY M 1608 WEST IVANHOE BOULEVARD ORLANDO, FL 32804

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8. The above named entity submits this statement for the purpose of characteristics of registered agent.  Output  Description:	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	CATE
Filing Fee is \$50.00 Due by May 1, 2005		•
9. MANAGING MEMBERS/MANAGERS		, i =

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HUGHES, BRADLEY
STREET ADDRESS	1608 WEST IVANHOE BOULEVARD
CITY-ST-ZIP	ORLANDO, FL 32804
nne	MGR
NAME	HUGHES, RUSSELL V
STREET ADDRESS	2035 COMPANERO AVENUE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
City-St-ZiP	
TITLE	
NAME	
STREET ADDRESS	
CTTY-ST-ZIP	

U00000214997 02/04/05-80030-025 50.00

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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 it 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING NAMAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/2/05

407-702-4751

Daytime Phone #