


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 29 AM 9:06

DOCUMENT # L03000023607 1. Entity Name CUTHILL & EDDY LLC	
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Principal Place of Business 1031 W. MORSE BOULEVARD, SUITE 200 WINTER PARK, FL 32789-3750	Mailing Address 1031 W. MORSE BOULEVARD, SUITE 200 WINTER PARK, FL 32789-3750
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DO NOT WRITE IN THIS SPACE



4. FEI Number 59-1605773	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAHAM, JESSE E SR
GRAHAM, BUILDER, JONES, PRATT & MARKS, LLP
369 NORTH NEW YORK AVENUE, THIRD FLOOR
WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____


Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDDY, CARSON L 1031 W MORSE BOULEVARD, SUITE 200 WINTER PARK, FL 327893750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INCINELLI, VICTOR J 1031 W. MORSE BLVD., SUITE 200 WINTER PARK FL 32789-3750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARP, HARRY F 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789-3750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HITCHINS, TODD 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789-3750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTENSEN, JENNIFER L 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789-3750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 09/12/06--01031--015 **100.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

 Date: **7/18/06** Daytime Phone #: **(407) 644-7455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE