
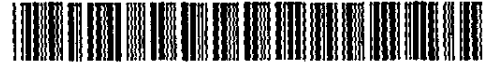


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000048871 1. Entity Name HUTCHISON CONSTRUCTION, LLC	
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Principal Place of Business 25046 THORNHILL DRIVE MOUNT PLYMOUTH, FL 32776	Mailing Address P O BOX 1327 SORRENTO, FL 32776
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02172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3258452	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 HUTCHISON, THEODORE D 25046 THORNHILL DRIVE P O BOX 1327 MOUNT PLYMOUTH, FL 32776

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IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTCHISON, THEODORE D 25046 THORNHILL DRIVE MOUNT PLYMOUTH, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTCHISON, LYNDIA D 25046 THORNHILL DRIVE MOUNT PLYMOUTH, FL 32776
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**DO NOT WRITE
IN THIS SPACE**

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: <u>Theodore D Hutchison</u>	Date: <u>3/11/06</u>	Daytime Phone #: <u>352 383-1258</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		