2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000037750

1. Entity Name
LUTTRELL NO. 2, LLC

Principal Place of Business	Mailing Address
4570 LAHM DRIVE AKRON, OH 44319-3418	4570 LAHM DRIVE AKRON, OH 44319-3418

2. Principal Place of Business
1733 LITTLE POINTE CIRCLE

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34231

Country

3. Mailing Address
1733 LITTLE POINTE CIRCLE

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34231

Country

06222005   Chg-LLC   CR2E083 (10/03)

4. FEI Number
33-1092589

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

R & A AGENTS, INC.
850 PARK SHORE DRIVE THIRD FLOOR
NAPLES, FL 34103-3587

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   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 _____

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

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE MANAGING MEMBER NAME MICHELE A. LUTTRELL STREET ADDRESS 1733 LITTLE POINTE CIRCLE CITY-ST-ZIP SARASOTA, FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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: Michele Luttrell

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

07/28/05

Date

330-521-1733

Daytime Phone #