2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048004

Address:

City-St-Zip:

368-4 PRESTWICK CIRCLE

PALM BEACH GARDENS, FL 33418

Entity Name: HUTCHINSON, LAZAR, CASEY & MCCAHAN LLC

FILED Feb 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	. FOWLER CT PRINGS, FL :			
Current Mailing Address:			New Mailing Address:	
	. FOWLER CT PRINGS, FL :			
FEI Number	: 03-0544421	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	AY R . FOWLER CT :PRINGS, FL :			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	LAZAR, JAY R 28505 F.B. FO) Delete WLER CT. IGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HUTCHINSON, 28100 ALFREI) Delete MICHAEL T D MOORE COURT IGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (CASEY, DENN 7708 OAKBOR LAKE WORTH	O DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM (MCCAHAN, JO) Delete HN D	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: JAY R. LAZAR 02/11/2005