

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90048 027 ****55.00

DOCUMENT # L04000053052

1. Entity Name
HURTT ENTERPRISES, LLC



Principal Place of Business
**4202 SE 3RD AVENUE
CAPE CORAL, FL 33904**

Mailing Address
**15660 SAN CARLOS BLVD.
SUITE 32
FORT MYERS, FL 33908-2567 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282005 Chg-LLC CR2E083 (10/03)

4. FEI Number

71-0969574

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEST BOOKKEEPING & TAX SERVICE INC.
15660 SAN CARLOS BLVD.
SUITE 32
FORT MYERS, FL 33908-2567**

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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HURTT, HERBERT J	
STREET ADDRESS	4202 S.E. 3RD AVENUE	
CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HURTT, ELIZABETH A	
STREET ADDRESS	4202 S.E. 3RD AVENUE	
CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HURTT, PATRICIA A	
STREET ADDRESS	4017 SE 3RD AVENUE	
CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HURTT-ROGERS, DEBORAH L	
STREET ADDRESS	5013 SW 11TH AVENUE	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HURTT, H JEFFREY	
STREET ADDRESS	1845 SEAFAN CIRCLE	
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SALMON, LINDA M	
STREET ADDRESS	1145 ORANGE AVENUE	
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 606, Florida Statutes.

SIGNATURE:

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

2/7/2005

Daytime Phone #