

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053052

FILED
Apr 04, 2006
Secretary of State

Entity Name: HURTT ENTERPRISES, LLC

Current Principal Place of Business:

4202 SE 3RD AVENUE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

15660 SAN CARLOS BLVD.
SUITE 32
FORT MYERS, FL 339082567 US

New Mailing Address:

4202 S. E. 3RD AVE
CAPE CORAL, FL 33904 US

FEI Number: 71-0969574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEST BOOKKEEPING & TAX SERVICE INC.
15660 SAN CARLOS BLVD.
SUITE 32
FORT MYERS, FL 339082567 US

Name and Address of New Registered Agent:

HURTT, HERBERT J
4202 S. E. 3RD AVE
CAPE CORAL, FL 33904 US

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.

SIGNATURE: HERBERT J. HURTT

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HURTT, HERBERT J
Address: 4202 S.E. 3RD AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM () Delete
Name: HURTT, ELIZABETH A
Address: 4202 S.E. 3RD AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM () Delete
Name: HURTT, PATRICIA A
Address: 4017 SE 3RD AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM (X) Delete
Name: HURTT-ROGERS, DEBORAH L
Address: 5013 SW 11TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Delete
Name: HURTT, H JEFFREY
Address: 1845 SEAFAN CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGRM () Delete
Name: SALMON, LINDA M
Address: 1145 ORANGE AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: HERBERT J. HURTT

MGMR

04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date