

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-14-2005 90596014 ****50.00
L04000063218
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -8 AM 11: 02

DOCUMENT # L04000063218 1. Entity Name HUTCHMAR MANAGEMENT, L.L.C																											
Principal Place of Business 1191 E NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442		Mailing Address 1191 E NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442																									
2. Principal Place of Business WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069		3. Mailing Address WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069																									
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City & State Pompano Beach, FL		City & State Pompano Beach, FL																									
Zip 33069		Zip 33069																									
4. FEI Number 20-1535529		Applied For ☐ Additional Fee Required																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02232005 Chg.-LLC CR2E083 (10/03)																									
6. Name and Address of Current Registered Agent MARZANO, PATRICK 1191 E NEWPORT CENTER DR. #103 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069																									
Name WE'VE MOVED		Street Address (P.O. Box is acceptable) 1660 NW 19th Ave.																									
City Pompano Beach, FL		Zip Code 33069																									
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 _____ (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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>MARZANO, PATRICK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1191 E NEWPORT CENTER DR. #103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> </table>		TITLE	NAME	Delete ☐	NAME	MARZANO, PATRICK		STREET ADDRESS	1191 E NEWPORT CENTER DR. #103		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		10. WE'VE MOVED / CHANGES NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069													
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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: <i>Patrick Marzano</i>		Date: <i>3/10/05</i>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <i>954 543 9800</i>																									