


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90207 012 \*\*\*\*50.00

<b>DOCUMENT # L04000074023</b>					
<b>1. Entity Name</b> CERULLEAN, LLC					
<b>Principal Place of Business</b> 785 WESTERN LAKE DRIVE SEAGROVE BEACH, FL 32459 US			<b>Mailing Address</b> 111 TROUT LILY LANE SUNSET, SC 29685 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-1737415	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HUTCHINSON, LARRY 785 WESTERN LAKE DRIVE SEAGROVE BEACH, FL 32459			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LARRY HUTCHINSON GEN PARTNER 111 TROUT LILY LANE SUNSET, SC 29685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM W III + H, LP, Larry Hutchinson - general pt 111 Trout Lily Lane Sunset, SC 29685
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____ <b>LARRY HUTCHINSON</b> <b>05/15/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					