


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082646 1. Entity Name HUTCH INVESTMENTS, LLC	
--	---

Principal Place of Business 9341 NW 31 PLACE SUNRISE, FL 33351	Mailing Address 9341 NW 31 PLACE C/O PATRICIA GRIMM SUNRISE, FL 33351
--	--



01152006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0947789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WICH, THOMAS M 2400 EAST COMMERCIAL BLVD. SUITE 620 FORT LAUDERDALE, FL 33308
--

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUTCHINGS, STEVEN G 9341 NW 31ST PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRIMM, PATRICIA J 9341 NW 31 PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRIMM, DAVID T 9341 NW 31 PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

01152006-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Patricia J. Grimm* Patricia J. Grimm 01/13/06 (954) 742-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #