

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 018 ***138.75

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01282008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000062868 1. Entity Name HAUTAMAKI & HORIUCHI LLC			
Principal Place of Business 1418 LADUE LANE SARASOTA, FL 34231		Mailing Address 1418 LADUE LANE SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 4130 BOCCA POINTE DRIVE Suite, Apt. #, etc.		3. Mailing Address 4130 BOCCA POINTE DRIVE Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34231 Country		City & State SARASOTA, FL Zip 34231 Country	
4. FEI Number 20-3308406		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01282008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HAUTAMAKI, RAYMOND D 1418 LADUE LANE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4130 BOCCA POINTE DRIVE City SARASOTA FL Zip Code 34231	
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 DATE 1/30/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$438.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUTAMAKI, RAYMOND D 1418 LADUE LANE SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4130 BOCCA POINTE DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIUCHI, TODD K 7621 PENINSULAR DR SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 1/30/08 Daytime Phone # 941-917-8345	