## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## May 02, 2006 8:00 am Secretary of State **DOCUMENT #L05000110387** 1. Entity Name HUGHES LLC 05-02-2006 90023 026 \*\*\*\*50.00 INDEPENDENT REAL ESTATE INVESTOR Principal Place of Business Mailing Address 1823 CATTLEMAN DR. 1823 CATTLEMAN DR. 20042201 BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3876007 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, RENE Street Address (P.O. Box Number is Not Acceptable) 1823 CATTLEMAN DR. BRANDON, FL 33511 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. TITLE **MGRM** ☐ Detete TITLE ☐ Change ☐ Addition HUGHES, RENE MAME NAME 1823 CATTLEMAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CETY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Chance TTD F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🎘 ☐ Detete ☐ Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete m F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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**

**FILED** 

Daytime Phone #