

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90132 050 \*\*\*138.75

**60019551**



02202008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000110550</b> 1. Entity Name <b>GUT EINHAUS, LLC</b>					
Principal Place of Business <b>3560 AMBASSADOR DR WELLINGTON, FL 33414</b>			Mailing Address <b>3560 AMBASSADOR DR WELLINGTON, FL 33414</b>		
2. Principal Place of Business - No P.O. Box # <b>15050 Golden Point Lane</b>		3. Mailing Address <b>15050 Golden Point Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Wellington, Florida</b>		City & State <b>Wellington, Florida</b>		4. FEI Number <b>39-8443743</b>	
Zip <b>33414</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VAN DYKE HOLTGERS, ELLEN 3560 AMBASSADOR DR WELLINGTON, FL 33414</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15050 Golden Point Lane</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</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	<b>MGRM VAN DYKE HOLTGERS, ELLEN 3560 AMBASSADOR DR WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>15050 Golden Point Lane Wellington, FL 33414</b> <input checked="" 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	
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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.					
<b>SIGNATURE: <i>Ellen Van Dyke Holtgers</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>Ellen Van Dyke Holtgers</b> <b>02/20/2008 (561) 832-9292</b> <small>Date Daytime Phone #</small>		