2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 19, 2006 8:00 am Secretary of State

ANNUAL REPURI						Secretary or State				
DOCUMENT # L05000123634 1. Entity Name HUTCHINSON HOUSE 307A LLC						05-19-2006				
Principal Place of Business 1132 O'BANNONVILLE ROAD LOVELAND, OH 45140		Mailing Address 1132 O'BANNONVILLE ROAD LOVELAND, OH 45140		1 (Manuach) #	 II Bara i a ga ca lu at ai a		IA ENIOT NIIN DIA	9 F i ilk 1 9 B i		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162006	Chg-LLC	CR2E08	83 (11/05)			
City & State		City & State			4. FEI Numb	er NA		شمولسب	plied For t Applicable	
Zip	Country	Zip			<u> </u>	of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered A	gent		
CORPORATION SERVICE COMPANY				Name						
1201 HAY	S STREET SSEE, FL 32301-2525			Street Address	reet Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	e	
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.									and accept	
SIGNATURE 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							ke check pa a Departme	-	•	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE			TITLE				,	Change	Addition	
NAME	TERLAU, SUSAN NA		NAME						_	
STREET ADDRESS CITY-ST-ZIP	1132 O'BANNONVILLE ROAD LOVELAND, OH 45140			T ADDRESS ST-ZIP						
TITLE NAME	_ 55335		TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	l ·		STREE CITY-S	T ADORESS ST-ZIP						
TITLE NAME	☐ Delete		TITLE NAME					☐ Change	Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP			,			
TITLE	☐ Delete		TITLE	1				Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP	1		CITY-	T ADDRESS ST-ZIP					:	
TITLE			TITLE					Change	☐ Addition	
NAME STREET ADDRESS			name Stree	T ADDRESS						
CITY-ST-ZIP			CITY-S	I						
TITLE		☐ Delete	TITLE	1				Change	☐ Addition	
NAME CIRCL APPOINCE			NAME	l l						
STREET ADDRESS CITY-ST-21P				T ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone 4