2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90135 034 ***138.75

DOCUMENT # L06000036975

1. Entity Name
BUTTERWORTH & HUGHES INVESTMENT, LLC

Principal Place of Business	Mailing Address
~~2545 OSUTH STREET~~ ~~LEESBURG FL 34748~~	~~2545 OSUTH STREET~~ ~~LEESBURG FL 34748~~

OLD, BAD ADDRESSES

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
427 SOUTH 9TH STREET		P.O. BOX 491668	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LEESBURG, FL		City & State: LEESBURG, FL	
Zip: 34748	Country: USA	Zip: 34749-1668	Country: USA

1st MOORE CR2E083 (10/07)

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HUGHES, JOYCE~~ ~~2545 OSUTH STREET~~ ~~LEESBURG FL 34748~~ BAD ADDRESS	Name: ~~[illegible]~~ JOYCE HUGHES
	Street Address (P.O. Box Number is Not Acceptable): 1001 S. 9TH STREET
	City: LEESBURG, FL — FL — Zip Code: 34748

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: [signature] JOYCE HUGHES — DATE: 1-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
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 BUTTERWORTH, JAY ~~2545 OSUTH STREET~~ WRONG ADDRESS ~~LEESBURG FL 34748~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BUTTERWORTH, JAY 427 SOUTH 9TH STREET LEESBURG, FL 34748	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOYCE C. HUGHES TRUST 1001 S 9TH STREET LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] JAY BUTTERWORTH — 1/28/08 — 352-728-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #