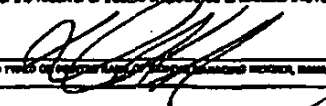


FILED
Jul 09, 2008 8:00 am
Secretary of State

05-05-2008 90031 004 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000008269			
1. Entity Name HUTCHINSON ISLAND INVESTMENTS, LLC			
Principal Place of Business 1645 PALM BEACH LAKES BLVD. STE 1200 WEST PALM BEACH, FL 33401		Mailing Address 1645 PALM BEACH LAKES BLVD. STE 1200 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additions Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATTERSON, BETH A 1645 PALM BEACH LAKES BLVD. STE 1200 WEST PALM BEACH, FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable		Signature, typed or printed name of registered agent and title if applicable	
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Domenick Lioce - MANAGER 1645 PBL Blvd # 1200 WPB FL 33401			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 605, Florida Statutes.			
SIGNATURE: 		Sole Member 561 686-3383	
Date		Date	

30010228



02192008 Chg-LLC CR26083 (12/08)

Manager

Manager