

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003149

FILED
Jan 08, 2007
Secretary of State

Entity Name: HUTCHINSON, MOORE & RAUCH, LLC

Current Principal Place of Business:

2039 MAIN STREET
DAPHNE, AL 36526

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1127
DAPHNE, AL 36526

New Mailing Address:

FEI Number: 63-1246214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: HUTCHINSON, SCOTT
Address: P.O. BOX 1127
City-St-Zip: DAPHNE, AL 36526

Title: V () Delete
Name: MOORE, RAY
Address: P.O. BOX 1127
City-St-Zip: DAPHNE, AL 36526

Title: P () Delete
Name: RAUCH, DAVID
Address: P.O. BOX 1872
City-St-Zip: FOLEY, AL 36536

ADDITIONS/CHANGES:

Title: S (X) Change () Addition
Name: HUTCHINSON, SCOTT A
Address: P.O. BOX 1127
City-St-Zip: DAPHNE, AL 36526

Title: V (X) Change () Addition
Name: MOORE, RAY B
Address: P.O. BOX 1127
City-St-Zip: DAPHNE, AL 36526

Title: P (X) Change () Addition
Name: RAUCH, DAVID J
Address: P.O. BOX 1872
City-St-Zip: FOLEY, AL 36536

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT A. HUTCHINSON

S

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date