2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M06000004451 NUTTING/RICE HOLDING COMPANY, LLC

FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

ONE WEBSTER'S LANDING SYRACUSE, NY 13202

ONE WEBSTER'S LANDING SYRACUSE, NY 13202



04012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1555210 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	U00000724566
Filing Fee is \$50.00 Due by May 1, 2007		05/02/07-80110-005 50.00

9. MANAGING MEMBERS/MANAGERS	
	<u></u>
TITLE	MGRM
NAME	NUTTING, DAVID C
STREET ADDRESS	ONE WEBSTER'S LANDING
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	MGRM
NAME	WALLACE, CHARLES C JR
STREET ADDRESS	ONE WEBSTER'S LANDING
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	MGRM
NAME	HERR, JAMES E
STREET ADDRESS	ONE WEBSTER'S LANDING
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	
NAME	
STREET ADDRESS	
CITY-S1-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	,
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby o	pertify that the information supplied with this filing does not qualify for the ex

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME O

SIGNATURE: SOO COM

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3)5-471-1728

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