

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107655

FILED  
May 02, 2006  
Secretary of State

Entity Name: T & C HUNTER ENTERPRISES LLC

**Current Principal Place of Business:**

2115 MEDINA HILLS LN  
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

2115 MEDINA HILLS LN  
MASCOTTE, FL 34753

**New Mailing Address:**

P O BOX 190  
MASCOTTE, FL 34753

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUNTER, TASHARA N  
2115 MEDINA HILLS LN  
MASCOTTE, FL 34753 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: MGRM ( ) Delete  
Name: HUNTER, TASHARA N  
Address: 2115 MEDINA HILLS LN  
City-St-Zip: MASCOTTE, FL 34753

Title: MGRM ( ) Delete  
Name: HUNTER, CASELLE M JR  
Address: 2115 MEDINA HILLS LN  
City-St-Zip: MASCOTTE, FL 34753

Title: MGRM ( ) Delete  
Name: HUNTER, CASSUNDRA M  
Address: 2115 MEDINA HILLS LN  
City-St-Zip: MASCOTTE, FL 34753

Title: MGRM ( ) Delete  
Name: MCBRIDE, DAVID D  
Address: 2115 MEDINA HILLS LN  
City-St-Zip: MASCOTTE, FL 34753

Title: MGRM ( ) Delete  
Name: HUNTER, JAMILA K  
Address: 2115 MEDINA HILLS LN  
City-St-Zip: MASCOTTE, FL 34753

Title: MGRM ( ) Delete  
Name: HUNTER, JERMAINE A  
Address: 2115 MEDINA HILLS LN  
City-St-Zip: MASCOTTE, FL 34753

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TASHARA HUNTER

MGRM

05/02/2006

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