

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90024 021 \*\*\*\*50.00

**DOCUMENT # L98000002363**

1. Entity Name  
'HUNTER FAMILY L.C.'



Principal Place of Business  
4350 W. WATERS AVE., #101  
TAMPA, FL 33614

Mailing Address  
4350 W. WATERS AVE., #101  
TAMPA, FL 33614

**24065030**



04272004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3566099

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, WILLIAM A  
4350 W. WATERS AVE. E101  
TAMPA, FL 33614

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HUNTER, WILLIAM A  
STREET ADDRESS 2506 ROCKY POINT ROAD DRIVE #253  
CITY-ST-ZIP TAMPA, FL 33607

TITLE MGRM  
NAME HUNTER, SHARON L  
STREET ADDRESS 5123 CHATSWORTH AVE  
CITY-ST-ZIP TAMPA, FL 33625

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *William A. Hunter, manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*William A. Hunter, manager*  
*4-29-04 (813) 886-7766*