


**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.'	
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Principal Place of Business 4350 W. WATERS AVE., #101 TAMPA, FL 33614	Mailing Address 4350 W. WATERS AVE., #101 TAMPA, FL 33614
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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 <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUNTER, WILLIAM A 2506 ROCKY POINT ROAD DRIVE #253 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUNTER, SHARON L 5123 CHATSWORTH AVE TAMPA, FL 33625
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**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* **William A. Hunter, manager**
4-29-04 (813) 886-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #