


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # L98000002363</b> 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 <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HUNTER, WILLIAM A 4350 W. WATERS AVE. E101 TAMPA, FL 33614	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME 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* **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 #