# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 04, 2005 8:00 am**
**Secretary of State**
04-04-2005 90420 050 ****50.00

DOCUMENT # L03000006608

1. Entity Name
HUNT CLUB BUSINESS CENTER LLC

20026201

02072005 Chg-LLC CR2E083 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 491 N. STATE ROAD 434<br>SUITE 125<br>ALTAMONTE SPRINGS, FL 32714 | P.O. BOX 160580<br>ALTAMONTE SPRINGS, FL 32716 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2755 Border Lake Road | 2755 Border Lake Road |
| Suite, Apt. #, etc.: Suite 101 | Suite, Apt. #, etc.: Suite 101 |
| City & State: Apopka, FL | City & State: Apopka, FL |
| Zip: 32703-4857 Country: USA | Zip: 32703-4857 Country: USA |

4. FEI Number: 51-0450364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KANAGA, MERIDYTHE<br>491 N. STATE ROAD 434<br>SUITE 125<br>ALTAMONTE SPRINGS, FL 32714 | Name: Meridythe Kanaga<br>Street Address (P.O. Box Number is Not Acceptable): 2755 Border Lake Road<br>Suite 101<br>City: Apopka **FL** Zip Code: 32703-4857 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>KANAGA, MERIDYTHE<br>491 N. STATE ROAD 434, SUITE 125<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM P<br>2755 Border Lake Road, Suite 101<br>Apopka, FL 32703-4857 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>KANAGA, RICK<br>491 N. STATE ROAD 434, SUITE 125<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM S/T<br>2755 Border Lake Road, Suite 101<br>Apopka, FL 32703-4857 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Meridythe Kanaga Meridythe Kanaga 3/31/05 407-862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #