

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A00000001075

1. Entity Name  
HUNTER, LTD.



FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 SLEIMAN PARKWAY, #270  
JACKSONVILLE, FL 32216

Mailing Address  
1 SLEIMAN PARKWAY, #270  
JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007 Chg-LP CR2E003 (12/06)

4. FEI Number  
59-3651373

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SLEIMAN, ANTHONY T~~  
~~1 SLEIMAN PARKWAY, #270~~  
~~JACKSONVILLE, FL 32216~~

Name  
Robert K. White

Street Address (P.O. Box Number is Not Acceptable)  
1 Sleiman Parkway

Suite 270

City

Jacksonville,

FL

Zip Code

32216

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

*Robert K. White*  
Signature, typed or printed name of registered agent and title if applicable.

Robert K. White

3/20/07

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SLEIMAN, HUNTER  
1 SLEIMAN PARKWAY, #270  
JACKSONVILLE, FL 32216

STREET ADDRESS  
CITY-ST-ZIP

200103638422  
06/01/07--01007--006 \*\*500.00

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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Robert K. White*

Robert K. White

3/20/07

904-731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE