2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE-IN THIS SPACE

DOCUMENT # L01000007619

Entity Nam

HUNTERS POINTE DEVELOPMENT, LLC



Principal Place of Business

670 N ORLANDO AVE

STE 101

MAITLAND, FL 32751

Mailing Address

670 N ORLANDO AVE

STE 101

MAITLAND, FL 32751

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90036 025 ****50.00

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04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number - Applied For S9-3733834 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JAMES K 720 MAITLAND AVE.

ALTAMONTE SPRINGS, FL 32701

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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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Feetis: \$50:00} Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MURRAY, JAMES K
STREET ADDRESS	670 N ORLANDO AVE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exer indicated on this report is true and accurate and that my signature shall have the same	

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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 hap it 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:

SIGNATURE AND TYPED OR PROJED NAME OF 8

MING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dete

Daytime Phone #

PAR FOR VCC