


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002742	
1. Entity Name GUNTER INTERESTS, LLC	

Principal Place of Business 1117 THOMASVILLE ROAD TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 12099 TALLAHASSEE, FL 32317
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01152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOVETT, JOHN C ESQ 106 EAST COLLEGE AVE., STE. 1200 TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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	P GUNTER, WILLIAM D JR 1117 THOMASVILLE RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUNTER, BART 1117 THOMASVILLE RD TALLAHASSEE, FL 32303
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01/21/04-80013-008 50.00

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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 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 D. Gunter, Jr. **1-19-04** **850-386-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #