

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000008788

Entity Name: HUNTER'S TRACE, LLC

**FILED**  
**Mar 06, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

501 EAST WASHINGTON AVENUE  
EUSTIS, FL 32726

**New Principal Place of Business:**

608 MAIN ST  
MINNEOLA, FL 34755

**Current Mailing Address:**

501 EAST WASHINGTON AVENUE  
EUSTIS, FL 32726

**New Mailing Address:**

P.O. BOX 1171  
MINNEOLA, FL 34755

FEI Number: 42-7944974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKATES, JEFFREY P ESQ.  
976 DEL MAR DRIVE  
THE VILLAGES, FL 321581299 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WADE, TRACY B  
Address: 501 EAST WASHINGTON AVE  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WADE, TRACY B  
Address: P.O. BOX 1171  
City-St-Zip: MINNEOLA, FL 34755

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRACY B WADE

MGR

03/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date