

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018251**

1. Entity Name  
**HUNTER TRACT LLC**



Principal Place of Business

**C/O LEDER GROUP UNVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE. 31  
BOCA RATON, FL 33487**

Mailing Address

**C/O LEDER GROUP UNVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE. 31  
BOCA RATON, FL 33487**



01312006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1645653**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M ESQ.  
THERREL BAISDEN, P.A.  
SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400  
MIAMI, FL 33131**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

1000000456670  
03/16/06-80036-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STJ MANAGEMENT, INC  
6530 W. ROGERS CIRCLE #31  
BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:

*Samuel E Leder* **SAMUEL E LEDER**

*561-995-7878*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #