

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

02-12-2004 90115 040 ****50.00
07-22-2004 90097 037 ****50.00

DOCUMENT # L03000006364 1. Entity Name HUNTER REAL ESTATE SERVICES OF FLORIDA, L.L.C.																					
Principal Place of Business 3333 SOUTH ORANGE AVENUE SUITE 102 ORLANDO, FL 32806			Mailing Address 3333 SOUTH ORANGE AVENUE SUITE 102 ORLANDO, FL 32806																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																		
4. FEI Number 02-0678903			Applied For ☐ Not Applicable																		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			07152004 Chg-LLC CR2E083 (10/03)																		
6. Name and Address of Current Registered Agent JOSEPH W. GAYNOR, P.A. 504 MONROE STREET DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name: David M. Hunter Street Address (P.O. Box Number is Not Acceptable): 3333 S. Orange Ave, Ste 102 City: Orlando FL Zip Code: 32806																		
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: DATE: 07-19-04 (NOTE: Registered Agent signature required when reinstating)																					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to: Florida Department of State																		
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete ☐	NAME		STREET ADDRESS		CITY-ST-ZIP		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Change ☐ Addition ☒</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change ☐ Addition ☒	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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:			Date: 07-19-04 321-229-4240																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																					