

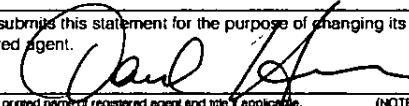
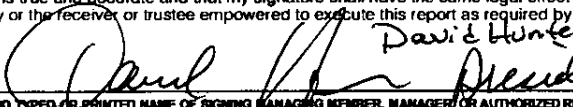


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90017 046 \*\*\*138.75

<b>DOCUMENT # L03000006364</b> 1. Entity Name <b>HUNTER REAL ESTATE SERVICES OF FLORIDA, L.L.C.</b>					
Principal Place of Business <b>3911 E COLONIAL DR ORLANDO, FL 32806</b>			Mailing Address <b>C/O WHITLEY &amp; COMPANY9 P.O. BOX 536973 ORLANDO, FL 32853-6973</b>		
2. Principal Place of Business - No P.O. Box # <b>4809 E. Colonial Dr</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State Suite, Apt. #, etc.		04302008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>02-0678903</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HUNTER, DAVID M 3911 E COLONIAL DR ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>David M. Hunter</b> Street Address (P.O. Box Number is Not Acceptable) <b>4809 E. Colonial Dr</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</b>			
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 <b>4/29/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, DAVID M 3911 E COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David M. Hunter 4809 E Colonial Dr Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAWLUS, JAMES 3911 EAST COLONIAL DR ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. James Pawlus 4809 E Colonial Dr Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>David M. Hunter</b> <b>President</b> DATE <b>4/29/08</b> Daytime Phone # <b>321-229-4240</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					

cb # 2068  
4/29/08