

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90321 040 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000027723	
<b>1. Entity Name</b> HUNTER FINANCIAL SERVICES LLC	

<b>Principal Place of Business</b> 3911 E. COLONIAL DR ORLANDO, FL 32803	<b>Mailing Address</b> C.O WHITLEY & CO P.O. BOX 536973 ORLANDO, FL 32853-6973
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60046812



<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04242007 Chg-LLC CR2E083 (12/06)

<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>4. FEI Number</b> 83-0366887	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  HUNTER, DAVID M 3911 E. COLONIAL DRIVE ORLANDO, FL 32803
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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** David M. Hunter *(Signature)* 4/26/07 *(Date)*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete HUNTER, DAVID M 3911 E. COLONIAL DR ORLANDO, FL 32803
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>V.P.</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHI MARTINEZ 3911 E COLONIAL DRIVE ORLANDO, FL 32803
<b>V.P.</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES PAULUS 3911 E COLONIAL DRIVE ORLANDO, FL 32803
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<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:** David M. Hunter *(Signature)* 4/26/07 *(Date)* 321-229-4240 *(Daytime Phone #)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE