2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L04000016440

Entity Name: HUNTER ENTERPRISES OF FLORIDA, LLC

Current Principal Place of Business:

8423 QUAIL HOLLOW BLVD
ZEPHYRHILLS, FL 33544

New Principal Place of Business:

Current Mailing Address:

8423 QUAIL HOLLOW BLVD
ZEPHYRHILLS, FL 33544

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TSOURAKIS, COSTA P
8423 QUAIL HOLLOW BLVD
ZEPHYRHILLS, FL 33544 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/MEMBERS:

Title: MGR ( ) Delete
Name: TSOURAKIS, COSTA P
Address: 8423 QUAIL HOLLOW BLVD
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MM ( ) Change (X) Addition
Name: TSOURAKIS, PARTHENI C
Address: 8423 QUAIL HOLLOW BLVD
City-St-Zip: ZEPHYRHILLS, FL 33544 US

Title: MM ( ) Change (X) Addition
Name: WEGHORN, JOHN S
Address: 8423 QUAIL HOLLOW BLVD
City-St-Zip: ZEPHYRHILLS, FL 33544 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PARTHENI C TSOURAKIS MM 04/30/2005

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