


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 008 ****50.00

DOCUMENT # L04000034869	
1. Entity Name HUNTERS' GROVE, LLC	

Principal Place of Business 432 S. BABCOCK STREET MELBOURNE, FL 32901	Mailing Address 432 S. BABCOCK STREET MELBOURNE, FL 32901
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1101474		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FALLAGE, JAMES H 1900 S HICKORY ST STE A MELBOURNE, FL 32901		Name Dean Mead Services LLC Street Address (P.O. Box Number is Not Acceptable) 800 N. Magnolia Ave. Suite 1500 City Orlando FL Zip Code 32803	

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, **DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., SOLE MEMBER**
BY: Steven C. Lee **STEVEN C. LEE, VICE PRESIDENT** 03/20/06
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, ALEXANDER S BABCOCK ST MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alexander Pezzeminti **Alexander Pezzeminti** 3/15/06 321-723-0651
SIGNATURE REQUIRED OF PRINCIPAL, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #