2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT'#L04000045288

1. Entity Name **ROY HUNT LLC**

FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business 3151 NE 170TH AVE WILLISTON, FL 32696

Mailing Address 3151 NE 170TH AVE WILLISTON, FL 32696

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DO NOT WRITE IN THIS SPACE

03072006 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 20-1289583 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNT, ROY 3151 NE 170TH AVE WILLISTON, FL 32696

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8. The above the obligat	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNT, ROY 3151 NE 170TH AVE WILLISTON, FL 32696	-	110000532589
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000532589 05/06/06-¥0092-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-
TITLE NAME			

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: K

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORS TO REPRESENTATIVE