2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000068207

1. Entity Name
HUNTING CAMP GEORGIA, LLC

Principal Place of Business	Mailing Address
451 MONROE ROAD	451 MONROE ROAD
SANFORD, FL 32771	SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1638449	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RADER, SHAWN G
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	KELLER, BOBBY S
STREET ADDRESS	171 S PHELPS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VPD
NAME	KELLER, RICHARD S
STREET ADDRESS	2231 PARK MAITLAND CT.
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000585214
01/16/07-80002-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____Bobby S. Keller_____ 1/4/07   407-330-2750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #