

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90017 026 \*\*\*\*50.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L04000069132</b><br>1. Entity Name<br><b>HUNTER ROOFING, LLC</b>  |   |  |   |                                  |  |
| Principal Place of Business<br><b>5026 CARILLON LANE<br/>WINDERMERE, FL 34786</b>   |   |  | Mailing Address<br><b>5026 CARILLON LANE<br/>WINDERMERE, FL 34786</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.:  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.:                            |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   |   | Country  |   | Zip   |  |
| Country   |   | Country  |   | 4. FEI Number<br><b>16-1708075</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HUNTER, JEFFREY MICHAEL<br/>5026 CARILLON LANE<br/>WINDERMERE, FL 34786</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |  |   | \$5.00 Additional Fee Required  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   | DATE _____  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>HUNTER, JEFFREY M<br/>5026 CARILLON LANE<br/>WINDERMERE, FL 34786</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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. |   |  |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | Date _____  |   |  |
| J. Michael Hunter   |   |  | 407 947 7223  |   |  |