## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L05000040091** 06 DEC 15 AM 9: 22 **HUNTERS HOLDINGS LLC** Principal Place of Business Mailing Address 7449 MEGAN ELISA LANE 7449 MEGAN ELISA LANE ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06232006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-33942a9 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIIORIO, THEODORA M JR Street Address (P.O. Box Number is Not Acceptable) 7449 MEGAN ELISSA LANE ORLANDO, FL 32819 Zip Code 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 September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR ☐ Change ☐ Delete TITLE ☐ Addition DIIORIO, THEODORA M JR NAME NAME 300082740343 7449 MEGAN ELISSA LANE STREET ADDRESS STREET ADDRESS 12/22/06--01029--004 ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Change → ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

~/2 TPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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.

## STEPHEN H. PENZA

Certified Public Accountant

TEL: (401) 463-7060 FAX: (401) 463-3120

November 28, 2006

Division of Corporations PO Box 6478 Tallahassee, FL 32314

Re: Hunters Holdings LLC – Annual Report

Dear Sir or Madam:

Please be advised that I am the accountant for Hunters Holdings, LLC for which their Annual Report is enclosed together with a check in the amount of 55.00.

This report was due on September 6, 2006 and the client mailed the document to my office for my review and advice as to how this should be filed. Unfortunately I had recently fired my secretary and had temporary help and this report was misfiled. Upon receipt of a letter from the State of Florida my client informed me that these returns had not been filed.

My client was in no way attempting to avoid or delay the filing of this report or the payment of the related fee. This is the first filing for the business and we will make certain that all future filings are filed timely.

Based on the foregoing we are respectfully requesting that you consider waiving the penalty that may ordinarily be assessed.

We are sorry for any inconvenience that we may have caused.

Thank you for your consideration and patience in this matter.

Sincerely yours,

Stephen H. Penza, CPA