

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90023 005 \*\*\*\*50.00

**20035596**



01092006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000044488</b> 1. Entity Name <b>CARROLL R. HUNTER L.L.C.</b>					
Principal Place of Business <b>1 NORTH TUTTLE AVENUE, SUITE 5 SARASOTA, FL 34237</b>			Mailing Address <b>P.O. BOX 1079 SARASOTA, FL 34230-1079</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4258 WOODVIEW DR.</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>SARASOTA FL</b> Zip <b>34232</b>		Country <b>USA</b>	
4. FEI Number: <b>20-2752722</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>HUNTER, CARROLL R 1 NORTH TUTTLE AVENUE, SUITE 5 SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Carroll R. Hunter</i></u> <b>CARROLL R. HUNTER</b> <i>MANAGING MEMBER</i> <b>4/21/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<input checked="" type="checkbox"/> <b>Make check payable to Florida Department of State CK-#321</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HUNTER, CARROLL R 1 NORTH TUTTLE AVENUE, SUITE 5 SARASOTA, FL 34237</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Carroll R. Hunter</i></u> <b>CARROLL R. HUNTER</b> <i>MANAGING MEMBER</i> <b>4/21/06</b> <b>941-302-2447</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					