



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:05

<b>DOCUMENT # L05000088368</b> 1. Entity Name GUNTER VILLAGE, LLC					
Principal Place of Business 2151 VOLUNTEER PARKWAY BRISTON, TN 37620			Mailing Address 2151 VOLUNTEER PARKWAY BRISTON, TN 37620		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Attn: Michael D. Hamlin Suite, Apt. #, etc. P.O. Box 3142			
City & State Bristol, TN 37625		City & State Bristol, TN 37625		4. FEI Number 20-3485738	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MINEGAR, CRAIG A 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Craig A. Minegar, WHWW, Inc. Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave. Suite 1500 City Orlando FL Zip Code 32801	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: J. Michael Nidiffer</b>			<b>7-06-06</b>		<b>423-968-5971</b>