

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000097947**

1. Entity Name  
HUNT PROPERTY INVESTMENTS L.L.C.



Principal Place of Business

1524 TAWNYBERRY COURT  
TRINITY, FL 34655

Mailing Address

1524 TAWNYBERRY COURT  
TRINITY, FL 34655

**DO NOT WRITE IN THIS SPACE**



03012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-4493500

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HUNT, AMY  
1524 TAWNYBERRY COURT  
TRINITY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HUNT, ALLAN  
1524 TAWNYBERRY COURT  
TRINITY, FL 34655

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

U000000673259  
03/23/07-80021-016 55.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Day \_\_\_\_\_

Daytime Phone # \_\_\_\_\_