

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038326

FILED
Apr 03, 2009
Secretary of State

Entity Name: HUNTER REAL ESTATE SERVICES INTERNATIONAL LLC

Current Principal Place of Business:

12301 LAKE UNDERHILL RD, STE 267
ORLANDO, FL 32828 US

New Principal Place of Business:

1768 PARK CENTER DRIVE
STE 325
ORLANDO, FL 32835 US

Current Mailing Address:

POB 568803
ORLANDO, FL 328568803 US

New Mailing Address:

FEI Number: 20-4683035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, DAVID M
4809 E COLONIAL DR
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

HUNTER, DAVID M
1768 PARK CENTER DRIVE
STE 325
ORLANDO, FL 32835 US

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.

SIGNATURE: DAVID M. HUNTER

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUNTER, DAVID M
Address: 4809 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803 US

Title: VP (X) Delete
Name: EIVIK, JORN
Address: 4809 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HUNTER, DAVID M P
Address: 1768 PARK CENTER DRIVE, STE 325
City-St-Zip: ORLANDO, FL 32835 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID M. HUNTER

P

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date