

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90017 048 ***138.75

DOCUMENT # L06000066470					
1. Entity Name HUNTER REAL ESTATE SERVICES OF TAMPA BAY, LLC					
Principal Place of Business 10037 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618			Mailing Address 3911 E. COLONIAL DR ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 568803			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Orlando Florida		4. FEI Number 20-5138668	
Zip		32806		Country Orange	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04302008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HUNTER, DAVID M 3911 E. COLONIAL DRIVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name: David M. Hunter Street Address (P.O. Box Number is Not Acceptable): 4809 E Colonial Dr City: Orlando FL Zip Code: 32806		
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: DATE: 4-29-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, DAVID M 3911 E. COLONIAL DRIVE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hunter, David M 4809 E Colonial Dr Orlando, FL 32803	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDNEY, JAMES 10037 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	
<input type="checkbox"/> Delete			<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.					
SIGNATURE: David Hunter President			4/29/08 321-229-4240		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

CB # 2061
4/29/08