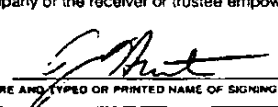


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/6/2007-90037-010 \$50.00-\$50.00

SECRET
DIVISION

07 OCT -4 PM 3: 27

DOCUMENT # L06000088760 1. Entity Name HUNTER LANDSCAPES, LLC			
Principal Place of Business 77 RUE CARIBE MIRAMAR BEACH FL 32550		Mailing Address 77 RUE CARIBE MIRAMAR BEACH FL 32550	
2. Principal Place of Business - No P.O. Box # 77 Rue Caribe		3. Mailing Address PO Box 1850	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miramar Beach, FL 32550		City & State Santa Rosa Beach, FL	
Zip 32550		Zip 32459	
Country US		Country USA	
4. FEI Number 42-1737450		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	NAME HUNTER, JOSH	TITLE 	NAME
STREET ADDRESS 77 RUE CARIBE	CITY-ST-ZIP MIRAMAR BEACH FL 32550	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: 		Date: 9/3/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	