2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 OCT -4 PM 3: 27

DOCUMENT # L06000088760

1. Entity Name

HUNTER LANDSCAPES, LLC

Principal Place of Business	Mailing Address
77 RUE CARIBE MIRAMAR BEACH FL 32550	77 RUE CARIBE MIRAMAR BEACH FL 32550

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
77 Rue Caribe	PO Box 1850
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar Beach, Fl 32550	City & State: Santa Rosa Beach, Fl
Zip: 32550 Country: US	Zip: 32459 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 reinstating)

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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUNTER, JOSH		NAME		
STREET ADDRESS	77 RUE CARIBE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR BEACH FL 32550		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Josh Hunter 9/3/07 850-642-3718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #