2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000104306

1. Entity Name **BUNKER HILL PROPERTIES LLC**



Principal Place of Business

3080 N. CASPER PLACE TITUSVILLE, FL 32780

Mailing Address

3080 N. CASPER PLACE TITUSVILLE, FL 32780

FILED Mar 11, 2008 8:00 am **Secretary of State**

03-11-2008 90132 048 ***138.75

60013953



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8542510

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMENT, G. EDWARD 308 EAST FIFTH AVENUE

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MOUNT DORA, FL 32757		IN THIS SPACE	
	tions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	ad Agent signature required when reinstating) DATE	•
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS MGR LUNDBERG, NORMAN W 3080 N. CASPER PLACE TITUSVILLE, FL 32780 MGR		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LUNDBERG, GRACE A 3080 NSCASPER PLACE TITUSVILLE, FL 32780 MGR Lundberg, Wayne A. 563 Wekiva Landing Dr. Apoyka, PC 32712 327/2		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Apoyka, PC 327/2 327/2	DO NOT WRITE IN THIS SPACE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		
TITLE			

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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BIGNATURE AND TYPES

STREET ADDRESS CITY-ST-ZIP

MBER, OR AUTHORIZED REPRESENTATIVE

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