2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # L06000105023 04-02-2007 90437 023 ****50.00 HUNT'S CONSTRUCTION, LLC Principal Place of Business Mailing Address 2351 SE BOUNTY AVE 2351 SE BOUNTY AVE UUUUA~~~ PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 20-5 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUNT, STEPHEN T** Street Address (P.O. Box Number is Not Acceptable) 2351 SE BOUNTY AVE PORT ST. LUCIE, FL. 34952 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 8, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE ■ Addition ☐ Delete ☐ Change HUNT, STEPHEN T NAME NAME STREET ADDRESS 2351 SE BOUNTY AVE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952 CITY-ST-7IP 7ITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED