


FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90226 008 ****55.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000000316

1. Entity Name
HUNTER SCOTT FINANCIAL, L.L.C.



44019493

Principal Place of Business
110 E ATLANTIC AVE
230
DELRAY, FL

Mailing Address
110 E ATLANTIC AVE
230
DELRAY, FL 33481



2. Principal Place of Business
110 E Atlantic Ave

3. Mailing Address
110 E Atlantic Ave

Suite, Apt. #, etc.
230

02212004 Chg-LLC CR2E083 (10/03)

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33444

Country
USA

4. FEI Number
65-0824141

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
G OUZOS, PETER
110 E ATLANTIC AVE
DELRAY BEACH, FL 33444

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

7. Name and Address of New Registered Agent

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)

Filing Fee Is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOUTSOGIANNIS, VASILIOS <input checked="" type="checkbox"/> Delete 110 E ATLANTIC AVE STE 230 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOUZOS, PETER <input type="checkbox"/> Delete 110 E ATLANTIC AVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Henry J Fischer* Date *3/8/04* Daytime Phone # *561 265-3614*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE