

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000316

**FILED**  
**Mar 26, 2008**  
**Secretary of State**

**Entity Name:** HUNTER SCOTT FINANCIAL, L.L.C.

**Current Principal Place of Business:**

110 E ATLANTIC AVE  
250  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

110 E ATLANTIC AVE  
250  
DELRAY BEACH, FL 33444 US

FEI Number: 65-0824141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

500 GULFSTREAM BLVD  
STE 103C  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

500 GULFSTREAM BLVD  
STE 103C  
DELRAY BEACH, FL 33483 US

**Name and Address of Current Registered Agent:**

GOUZOS, PETER  
110 E ATLANTIC AVE  
250  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

GOUZOS, PETER  
500 GULFSTREAM BLVD  
STE 103C  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

03/26/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOUZOS, PETER  
Address: 110 E ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOUZOS, PETER  
Address: 500 GULFSTREAM BLVD STE 103C  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER GOUZOS

MGRM

03/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date