

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company  'HUNTER FAMILY L.C.' 4350 W. WATERS AVE., #101 TAMPA FL 33614	<b>DOCUMENT #</b> L98000002363
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1a. Principal Place of Business Address  4350 W. WATERS AVE., #101 TAMPA FL 33614
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
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3. Date Organized or Qualified 10/21/1998	3a. State of Formation FL	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  HUNTER, WILLIAM A 4350 W. WATERS AVE. E101 TAMPA FL 33614	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City                      Zip Code <b>FL</b> 315
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HUNTER, WILLIAM A	2506 ROCKY POINT ROAD DRIV	TAMPA FL
MGRM	HUNTER, SHARON L	5123 CHATSWORTH AVE	TAMPA FL

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11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *William A. Hunter, manager* - William A. Hunter, manager 2-24-99 (713) 889-8332