

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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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RECEIVED
 900002812607- - 9
 03/19/99-01111-002
 ***188.75 ***188.75

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <div style="text-align: right; font-weight: bold; font-size: 1.2em;">DOCUMENT #</div> <div style="text-align: right; font-weight: bold;">L98000002363</div> <p style="margin-top: 20px;"> 'HUNTER FAMILY L.C.' 4350 W. WATERS AVE., #101 TAMPA FL 33614 </p>	1a. Principal Place of Business Address <p style="margin-top: 20px;"> 4350 W. WATERS AVE., #101 TAMPA FL 33614 </p>
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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	3. Date Organized or Qualified 10/21/1998	3a. State of Formation FL	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 <p style="margin-top: 20px;"> HUNTER, WILLIAM A 4350 W. WATERS AVE. E101 TAMPA FL 33614 </p>	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 FL 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 _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when filing this form)

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

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