2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M05000005109

1. Entity Name
THE SHOPPES AT HUNT CLUB, LLC

Principal Place of Business	Mailing Address
C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

01052007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3382238	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E ESQ.
C/O ICARD, MERRILL, ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000591815
01/19/07-90039-005 50.00

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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARCHESINI, LARRY H TRUSTEE
STREET ADDRESS	9 LAKE HELIX DRIVE
CITY-ST-ZIP	LA MESA, CA 91941
TITLE	MGRM
NAME	MARCHESINI, FRANCINE L TRUSTEE
STREET ADDRESS	9 LAKE HELIX DRIVE
CITY-ST-ZIP	LA MESA, CA 91941
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____   1/15/07 (941) 366-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #