

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M96000000125

1. Entity Name
HUNTER CAPITAL GROUP, L.L.C.



Principal Place of Business
**136 HEBER AVENUE, SUITE 304
PARK CITY, UT 84060**

Mailing Address
**P.O. BOX 682500
PARK CITY, UT 84068**



01072004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0546454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ABTAHI, SAEED
STREET ADDRESS	136 HEBER AVENUE, SUITE 304
CITY-ST-ZIP	PARK CITY, UT 84060
TITLE	MGRM
NAME	AMERICAWEST HOLDING, INC.
STREET ADDRESS	176 FEDERAL STREET, 2ND FLOOR
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	MGRM
NAME	EAST WEST HOLDINGS, L.L.C.
STREET ADDRESS	136 HEBER AVENUE, SUITE 304
CITY-ST-ZIP	PARK CITY, UT 84060

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01/13/04-80037-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Saeed Abtahi

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

1/7/04

Date

435-647-3835

Daytime Phone #