


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90306 007 \*\*\*\*55.00

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # L05000121543</b><br>1. Entity Name<br>HTH DEVELOPMENT, LLC   |  |   |  |                    |   |
| Principal Place of Business<br>PO BOX 1925<br>SOUTHOLD, NY 11971 US  |  |   | Mailing Address<br>PO BOX 1925<br>SOUTHOLD, NY 11971 US  |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>9018 SHENENDOAH CIRCLE<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>PO Box 11404<br>Suite, Apt. #, etc. |  |   |   |
| City & State<br>NAPLES FL  |  | City & State<br>NAPLES FL                                 |  | 4. FEI Number<br>20-4172518   |   |
| Zip<br>34113   |  | Country<br>COLLIER  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent<br>CORPORATION COMPANY OF ORLANDO<br>300 SOUTH ORANGE AVE.<br>SUITE 1000 (BMJ)<br>ORLANDO, FL 32801  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |   |
| 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |   |
| <b>Filing Fee is \$50.00<br/>                 Due by May 1, 2007</b>   |  |   | <b>Make check payable to<br/>                 Florida Department of State</b>  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HURTADO, JOHN L SR. <i>HURTADO</i><br>PO BOX 1925<br>SOUTHOLD, NY 11971 | <input type="checkbox"/> Delete                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |   |  |   |   |
| <b>SIGNATURE:</b> <i>John L. Hurtado Sr.</i>   |  |   |  | 2/8/07 239 384 9947   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |  | <small>Date Daytime Phone #</small>   |   |

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01302007 Chg-LLC CR2E083 (12/06)

Applied For  
 Not Applicable