
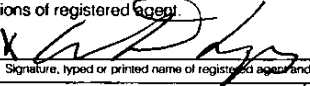
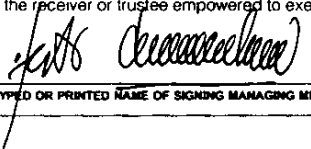


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90051 050 \*\*\*138.75

<b>DOCUMENT # L07000107487</b> 1. Entity Name HT TECHNOLOGY, LLC					
Principal Place of Business 3517 SHOMA DR ROYAL PALM BEACH, FL 33414 US			Mailing Address 3517 SHOMA DR ROYAL PALM BEACH, FL 33414 US		
2. Principal Place of Business - No P.O. Box # 3517 SHOMA DR		3. Mailing Address 3517 SHOMA DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WELLINGTON, FL		City & State WELLINGTON, FL		4. FEI Number 26-1291243	
Zip 33414		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOPEZ, ANTONIO 2227 SHOMA DR WELLINGTON, FL 33414			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE:  ANTONIO LOPEZ, MGRM JAN-07-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, ANTONIO 2227 SHOMA DR ROYAL PALM BEACH, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, ANTONIO 2227 SHOMA DR WELLINGTON, FL 33414
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRINCAVELLI, HECTOR 3517 SHOMA DR ROYAL PALM BEACH, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRINCAVELLI, HECTOR 3517 SHOMA DR WELLINGTON, FL 33414
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<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.					
SIGNATURE:  HECTOR TRINCAVELLI JAN-07-2008 561-283-4683 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					