

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001731

Entity Name: HTM PARTNERS, LTD.

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2897 S.E. 1ST PLACE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2897 S.E. 1ST PLACE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 20-0539592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADHAV, HARISHCHANDER T  
2897 S.E. 1ST PLACE  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MADHAV, HARISHCHANDER T  
Address: 2897 S.E. 1ST PLACE  
City-St-Zip: BOYNTON BEACH, FL 33435

Document #:

Name: MADHAV, NAINA H  
Address: 2897 S.E. 1ST PLACE  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: HARISHCHANDER T MADHAV

PART

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date