## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)\_\_\_\_\_ DUE BY MAY 1, 2007

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## FILED -Apr 04, 2007 08:00 All Secretary of State DOCUMENT # A11223 1. Entity Name HTC LIMITED Principal Place of Business Mailing Address 2632, N.W. 43RD STREET 2632, N.W. 43RD STREET B-95 **GAINESVILLE FL 32606** GAINESVILLE FL 32606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suile, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 59-2154605 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, NANCY J. Street Address (P.O. Box Number is Not Acceptable) 2632 N.W. 43RD ST., B-95 GAINESVILLE FL 32606 City 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 FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. DOCUMENT / 04/12/07-80008-001 500.00 STREET ADDRESS NAME HENRY, NANCY J. STEECT ADDRESS 2632 N.W. 43RD ST., B-95 CHY-SI-7P CHY-SI-7P GAINESVILLE FL DOCUMENT # STREET ADDRESS NAME JENKINS, JOE C III STREET ADORESS 1927 NW 8TH AVE. CHY-SI-7IP CHY-SI-7IP GAINESVILLE FL 32603 DOCUMENT# STREET ADDRESS NAME SHRI'I ADDRESS CITY-OF AIR -CHY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT# STHEET ADDRESS NAMI STHEET ADDRESS CITY-ST-ZIP CITY - ST- 7IP DOCUMEN) # STREET ADDRESS NAME. STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP 14. I hereby cortify 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 logal effect as if made under eath; 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

The August Henry NANCHT. Henry 7/28/01 352-372-581