2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am DOCUMENT # L0000002356 **Secretary of State** 1. Entity Name 02-11-2002 90052 030 ****50.00 HTM, LLC Principal Place of Business Mailing Address 9428 DUCK AVE. STE. 102 201 Front St KEY WEST FL 33040 Swite 107 OHER DUCK AVE. GTE: HOE 201 Front St KEY WEST FL 33040 3. Mailing Address 201 FRUNT 2. Principal Place of Business :57 201 FRONT ite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 07 4. FEI Number Applied For ity & State 65-0985852 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Cates, Paul J 3438 DUCK AVE., STE. 102 KEY WEST FL 33040 The purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Z (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Presiden Change ☐ Addition TITLE 🗹 Delete TITLE Edwin B. Swift, III 201 Front., Ste. 310 CATES, PAUL J NAME NAME 3438 DUCK AVE., STE. 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ey West FL KEY WEST FL 33040 Addition X ₩ Delete TITLE ☐ Change TITLE Gerald A. Mosher SWIFT, EDWIN O. NAME NAME 201 Front Street, Ste. 310 201 FRONT ST., STE. 310 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition TITLE Delete TITLE BELLAND, CHRISTOPHER C NAME : NAME STREET ADDRESS 201 FRONT ST., STE. 310 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP

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

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)