

2002 UNIFORM BUSINESS REPORT (UBR)

0002182

DOCUMENT # L01000005429
 1. Entity Name
HTI, LLC

FILED
02 SEP -5 PM 1:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
201 N. FRANKLIN STREET, SUITE 2200 **201 N. FRANKLIN STREET, SUITE 2200**
C/O STEPHEN MITCHELL **C/O STEPHEN MITCHELL**
TAMPA FL 33602 **TAMPA FL 33602**

2. Principal Place of Business 3. Mailing Address
9400 Gladiolus Drive **9400 Gladiolus Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#270 **#270**
 City & State City & State
Ft. Myers, Florida **Ft. Myers, Florida**
 Zip Country Zip Country
33908 **USA** **33908** **USA**

4. FEI Number Applied For
41-2028891 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MITCHELL, STEPHEN J
201 N. FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 2100
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

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-09/17/02--01064--001
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE <i>MGR</i>	NAME Gail H. Nolan	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9400 Gladiolus Drive, #270 Ft. Myers, Florida 33908	
TITLE <i>MGR</i>	NAME Stephen J. Mitchell	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	201 N. Franklin St., Suite 2100 Tampa, Florida 33602	
TITLE <i>MGR</i>	NAME Parker-Ft. Myers, Inc.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9400 Gladiolus Drive Ft. Myers, Florida 33908	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Aug 20, 2002* *813-202-1300*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)