

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90059 026 ****50.00

DOCUMENT # L01000005429

1. Entity Name

HTI, LLC



Principal Place of Business

9400 GLADIOLUS DRIVE, #270
FT. MYERS FL 33908

Mailing Address

9400 GLADIOLUS DRIVE, #270
FT. MYERS FL 33908

2. Principal Place of Business

9001 DANIELS PARKWAY

3. Mailing Address

9001 DANIELS PARKWAY

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

Fort Myers FLA

City & State

Fort Myers FLA

Zip

33912

Country

USA

Zip

33912

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

41-2028891

Applied For

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 2100
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME NOLAN, GAIL H
STREET ADDRESS 9400 GLADIOLUS DRIVE, #270
CITY-ST-ZIP FT. MYERS FL 33908

TITLE MGRM ☐ Delete
NAME MITCHELL, STEVEN J
STREET ADDRESS 201 N. FRANKLIN STREET, SUITE 2100
CITY-ST-ZIP TAMPA FL 33602

TITLE MGRM ☐ Delete
NAME PARKER-FT. MYERS, INC.
STREET ADDRESS 9400 GLADIOLUS DRIVE, #270
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

DAVID ICHNERA VICE PRES. PARKER FT MYERS, INC. 6/29/04 239.481.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #