


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90025 026 \*\*\*138.75

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<b>DOCUMENT # L01000005429</b> 1. Entity Name HTI, LLC	
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Principal Place of Business 9001 DANIELS PKWY - SUITE 200 FORT MYERS, FL 33912	Mailing Address 9001 DANIELS PKWY - SUITE 200 FORT MYERS, FL 33912
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 41-2028891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE  
IN THIS SPACE**

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.

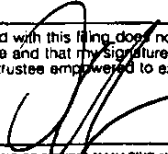
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITCHELL, STEVEN J 201 N. FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKER-FT. MYERS, INC. 3001 DANIELS PKWY STE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify 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 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 606, Florida Statutes.

SIGNATURE:  5/19/08 24-401-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #