2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009801

Entity Name: HTG SERVICES, L.L.C.

FILED Apr 27, 2004 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

3225 AVIATION AVE. SUITE 700 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

3225 AVIATION AVE. SUITE 700 COCONUT GROVE, FL 33133

FEI Number: 65-1114317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOUSING TRUST GROUP OF FLORIDA, L.L.C. 3225 AVIATION AVE. SUITE 700 COCONUT GROVE, FL 33133

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.

SIGNATURE:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS:

MBERS/MEMBERS: ADDITIONS/CHANGES:

 Title:
 PT
 () Delete
 Title:
 MGR
 (X) Change () Addition

 Name:
 STEWART, MARCUS
 Name:
 STEWART, MARCUS

 Address:
 3225 AVIATION AVE. STE 700
 Address:
 3225 AVIATION AVE. STE 700

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:
 COCONUT GROVE, FL 33133

Title: VS () Delete Title: MGR (X) Change () Addition Name: RIEGER, RANDY Name: RIEGER, RANDY

Address: 3225 AVIATION AVE. STE 700
City-St-Zip: COCONUT GROVE, FL 33133
Address: 3225 AVIATION AVE. STE 700
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete Title: MGR (X) Change () Addition Name: TREMLING, PETER W Name: BEZOLD, THOMAS

 Address:
 3225 AVIATION AVE., 7TH FLOOR
 Address:
 3225 AVIATION AVE., 7TH FLOOR

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:
 COCONUT GROVE, FL 33133

 $\label{eq:total_times} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 CASSEL, KENNETH G
 Name:

 Address:
 3225 AVIATION AVE. STE 700
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS J BEZOLD MGR 04/27/2004