


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2003 8:00 am  
Secretary of State

02-05-2003 90031 050 \*\*\*\*50.00

**DOCUMENT # L02000002780**

1. Entity Name  
**HTFR PARTNERS, LLC**



Principal Place of Business      Mailing Address

**670 GLADES ROAD  
UNIT 200  
BOCA RATON FL 33431**

**670 GLADES ROAD  
UNIT 200  
BOCA RATON FL 33431**

**20023347**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **75-2994806**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TAUB, MARC E  
670 GLADES ROAD  
UNIT 200  
BOCA RATON FL 33431**

**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 \_\_\_\_\_ (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, 2003**

**9. MANAGING MEMBERS / MANAGERS**

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

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
M	T. David Hoard, M.D.	670 Glades Road, #200 Boca Raton, FL 33431		<input type="checkbox"/>	<input checked="" type="checkbox"/>
M	Marc E. Taub, M.D.	670 Glades Road, #200 Boca Raton, FL 33431		<input type="checkbox"/>	<input checked="" type="checkbox"/>
M	Alan I. Freedman, M.D.	670 Glades Road, #200 Boca Raton, FL 33431		<input type="checkbox"/>	<input checked="" type="checkbox"/>
M	Mitchell K. Rauch, M.D.	670 Glades Road, #200 Boca Raton, FL 33431		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**      **X 1/29/03**      **X (501) 391-6470**

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

UIC29423

CR2E083 (10/02)