


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 **670 GLADES ROAD**
UNIT 200 **UNIT 200**
BOCA RATON FL 33431 **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: **X** *[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 #

UC20423 CR2E083 (10/02)