

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90034 046 \*\*\*\*50.00

<b>DOCUMENT # L02000004091</b>													
<b>1. Entity Name</b> HMTAK, L.L.C.													
<b>Principal Place of Business</b> 1801 SW 68TH AVE. PLANTATION, FL 33317			<b>Mailing Address</b> 1801 SW 68TH AVE. PLANTATION, FL 33317										
<b>2. Principal Place of Business - No P.O. Box #</b> 10240 KEY PLUM STREET		<b>3. Mailing Address</b> 10240 KEY PLUM ST.											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
<b>City &amp; State</b> PLANTATION, FL		<b>City &amp; State</b> PLANTATION, FL		<b>4. FEI Number</b> 01-0616148									
<b>Zip</b> 33324		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  CAREY, MARY ELLEN 1801 SW 68TH AVE. PLANTATION, FL 33317		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 10240 KEY PLUM ST.</td> </tr> <tr> <td style="padding: 2px;">City PLANTATION</td> <td style="padding: 2px;">State FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code 33324</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable) 10240 KEY PLUM ST.		City PLANTATION	State FL	Zip Code 33324	
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Street Address (P.O. Box Number is Not Acceptable) 10240 KEY PLUM ST.													
City PLANTATION	State FL												
Zip Code 33324													
<b>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.</b>													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)													
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>										
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	CAREY, MARY ELLEN		NAME	10240 KEY PLUM ST.									
STREET ADDRESS	1801 SW 68TH AVE		STREET ADDRESS	PLANTATION, FL 33324									
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	PLANTATION, FL 33324									
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	CAREY, ANDREW		NAME	CAREY, ANDREW									
STREET ADDRESS	1801 SW 68TH AVE		STREET ADDRESS	1501 E. BROWARD BLVD									
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	FT. LAUDERDALE, FL 33301									
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	CAREY, KRISTIN		NAME	66 GATES ST, #3									
STREET ADDRESS	1801 SW 68TH AVE		STREET ADDRESS	SOUTH BOSTON, MA 02127									
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	SOUTH BOSTON, MA 02127									
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	WEAVER, TODD		NAME	34 BAXTER ST, #3									
STREET ADDRESS	1801 SW 68TH AVE		STREET ADDRESS	BOSTON, MA 02127-2502									
CITY-ST-ZIP	BOSTON, FL 01027		CITY-ST-ZIP	BOSTON, MA 02127-2502									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
<b>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.</b>													
<b>SIGNATURE:</b> <i>Mary Ellen Carey</i>			<b>4/13/07</b>										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date										