

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012481

Entity Name: HNTS, LLC

FILED
Sep 22, 2004
Secretary of State

Current Principal Place of Business:

C/O BYRD & GANTT, CPAS, PA
3355 W. VINE ST., STE 102
KISSIMMEE, FL 34741

Current Mailing Address:

C/O BYRD & GANTT, CPAS, PA
3355 W. VINE ST., STE 102
KISSIMMEE, FL 34741

New Principal Place of Business:

C/O BYRD & GANTT, CPAS, PA
3359 W. VINE ST., STE 104
KISSIMMEE, FL 34741

New Mailing Address:

C/O BYRD & GANTT, CPAS, PA
3359 W. VINE ST., STE 104
KISSIMMEE, FL 34741

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANTT, ANGELA
C/O BYRD & GANTT, CPAS, PA
3355 W. VINE ST., STE 102
KISSIMMEE, FL 34741

Name and Address of New Registered Agent:

BYRD & GANTT CPAS PA
3359 W VINE ST
SUITE 104
KISSIMMEE, FL 34741 US

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: DEREK BREEN

09/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEES, STEPHEN D
Address: 3355 W. VINE ST., STE 102
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEES, STEPHEN D
Address: 3359 W. VINE ST., STE 104
City-St-Zip: KISSIMMEE, FL 34741

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: STEPHEN LEES

MGRM

09/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date