


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90418 044 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000020653</b>            |  |
| 1. Entity Name<br>J.H.T. ENTERPRISES, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>THE ADMIRAL BUILDING<br>1645 SE 3RD COURT, STE. 214<br>DEERFIELD BEACH, FL 33441 | Mailing Address<br>THE ADMIRAL BUILDING<br>1645 SE 3RD COURT, STE. 214<br>DEERFIELD BEACH, FL 33441 |
|---|---|

20026107



|   |   |
|---|---|
| 2. Principal Place of Business<br>2309 NE Eighth Street | 3. Mailing Address<br>2309 NE Eighth Street |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.                         |

03242005 Chg-LLC CR2E083 (10/03)

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br>Fort Lauderdale, FL | City & State<br>Fort Lauderdale, FL |
| Zip<br>33304                        | Zip<br>33304                        |
| Country<br>USA                      | Country<br>USA                      |

4. FEI Number  
20-0040206

Applied For  
☐ Not Applicable

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>BOWER, TANYA L ESQ<br>C/O TRIPP SCOTT, PA<br>110 SE 6TH ST., 15TH FLOOR<br>FT LAUDERDALE, FL 33301 |  |
|---|--|

|  |          |
|--|----------|
| 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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RTS<br>THIES, WM F<br>1645 S.E. 3 COURT<br>DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2309 NE Eighth Street<br>Fort Lauderdale, FL. 33304 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TRIR<br>THIES, JAMES<br>1645 S.E. 3 COURT<br>DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2309 NE Eighth Street<br>Fort Lauderdale, FL. 33304 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James H. Thies 3/30/05 954-564-0247