

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023349

Entity Name: H-TRY, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

815 PEACOCK PLAZA
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

815 PEACOCK PLAZA
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-0059624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHSMITH, ROBERT E ESQ
FELDMAN KOENIG & HIGHSMITH, PA
3158 NORTHSIDE DR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OROPEZA, SCOTT G
Address: 815 PEACOCK PLAZA
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: HIGHSMITH, ROBERT E
Address: 815 PEACOCK PLAZA
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: KOENIG, TIMOTHY J
Address: 815 PEACOCK PLAZA
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SCOTT G. OROPEZA

MGRM

04/06/2009

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