


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90112 001 *****50.00
07-18-2005 90112 002 *****5.00

DOCUMENT # L04000000296		
1. Entity Name HTD ENTERPRISES, LLC		

Principal Place of Business 104 S. BROUGHTON COURT BOYNTON BEACH, FL 33436 <i>229 Via d, Este</i>	Mailing Address 104 S. BROUGHTON COURT BOYNTON BEACH, FL 33436 <i>229 Via d, Este</i>
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2. Principal Place of Business <i>1702 #</i>	3. Mailing Address <i>1702 #</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Delray Beach FL</i>	City & State <i>Delray Beach FL</i>
Zip <i>33445</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent DIENHART, HORST T 104 S. BROUGHTON COURT BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name <i>Dienhart Horst T.</i> Street Address (P.O. Box Number is Not Acceptable) <i>229 Via d, Este</i> City <i>Delray Beach</i> FL Zip Code <i>33445</i>	
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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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>07/14/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIENHART, HORST T 104 S. BROUGHTON COURT BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Horst Dienhart</i> <i>229 Via d, Este</i> <i>Delray Beach Florida 33445</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>07/14/05</i> DAYTIME PHONE # <i>561-254-1990</i>