2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000000296

1. Entity Name

HTD ENTERPRISES, LLC



FILED Apr 09, 2007 08:00 All Secretary of State

Principal Place of Business

229 VIA D ESTE

1702

CITY-ST-ZIP

DELRAY BEACH, FL 33445

Mailing Address

229 VIA D ESTE # 1702

DELRAY BEACH, FL 33445



03102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0543517	 -	Applied For Not Applicable
Certificate of Status Desired	\$5.00 Fee Re) Additional

6. Name and Address of Current Registered Agent

DIENHART, HORST T 224 VIA D ESTE DELRAY BEACH, FL 33445

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		IN THIS STAGE	
	named entity submits this statement for the purpose of changir ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title 4 applicable.	(NCTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIENHART, HORST T 104 S. BROUGHTON COURT BOYNTON BEACH, FL 33436	1100000694132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIENHART, HORST T. 229 VIA D ESTE DELRAY BEACH, FL 33445	04/17/07-80004-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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 608, Florida Statutes.

SIGNATURE: HOKSE DICHOLOT 03/12/04561-254-1912
SIGNATURE: Octo Daytime Priorie & Deto Daytime Priorie &