

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010825

Entity Name: HTM LEASING, LLC

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

2897 SE 1ST PLACE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2897 SE 1ST PLACE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 20-0539592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MADHAV, HARISHCHANDER T  
2897 SE 1ST PLACE  
BOYNTON BEACH, FL 33435      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: MADHAV, HARISHCHANDER T  
Address: 2897 SE 1ST PLACE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGR      ( ) Delete  
Name: MADHAV, NAINA H  
Address: 2897 SE 1ST PLACE  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES:**

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 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: HARISHCHANDER T. MADHAV

MGR

05/01/2005

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