

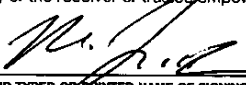
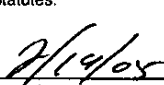


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90064 029 \*\*\*\*50.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L04000052303</b><br>1. Entity Name<br><b>H&amp;T, LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>85177 SHINNECOCK HILLS RD.<br/>FERNANDINA BEACH, FL 32034 US</b>  |  |  |   | Mailing Address<br><b>85177 SHINNECOCK HILLS RD.<br/>FERNANDINA BEACH, FL 32034 US</b>   |  |
| 2. Principal Place of Business<br><b>8632 Noyak Court</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>8632 Noyak Court</b><br>Suite, Apt. #, etc. |   |    |  |
| City & State<br><b>Fernandina Beach, FL</b>   |  | City & State<br><b>Fernandina Beach, FL</b>                          |   | 4. FEI Number<br><b>36-4558046</b>   |  |
| Zip<br><b>32034</b>   |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>TOMASSETTI, ARMOND J ESQ.<br/>406 ASH ST.<br/>FERNANDINA BEACH, FL 32034</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 reinstating) DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>         |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>TYRE, MARION M III<br/>85177 SHINNECOCK HILLS RD.<br/>FERNANDINA BEACH, FL 32034</b> | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>Tyre, Marion M III<br/>8632 Noyak Court<br/>Fernandina Beach, FL 32034</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>HORN, RUSSELL F<br/>85177 SHINNECOCK HILLS RD.<br/>FERNANDINA BEACH, FL 32034</b>    | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>Horn, Russell F<br/>8632 Noyak Court<br/>Fernandina Beach, FL 32034</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <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. |  |  |   |  |  |
| <b>SIGNATURE:</b>    |  |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #  |  |  |