

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061918

Entity Name: HTM 1, LLC

FILED  
Jan 07, 2006  
Secretary of State

## Current Principal Place of Business:

291 MOYTOY ROAD, #105  
CRAB ORCHARD, TN 37723

## New Principal Place of Business:

## Current Mailing Address:

291 MOYTOY ROAD, #105  
CRAB ORCHARD, TN 37723

## New Mailing Address:

PO BOX 13  
CRAB ORCHARD, TN 37723

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, LISA N ESQ.  
C/O COLLINS, BROWN, ET AL  
756 BEACHLAND BLVD.  
VERO BEACH, FL 32963 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: MORGAN, THOMAS A  
Address: 291 MOYTOY ROAD, #105  
City-St-Zip: CRAB ORCHARD, TN 37723

Title: MGRM ( ) Delete  
Name: MORGAN, DARA L  
Address: 291 MOYTOY ROAD, #105  
City-St-Zip: CRAB ORCHARD, TN 37723

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MORGAN, THOMAS A  
Address: PO BOX 13  
City-St-Zip: CRAB ORCHARD, TN 37723

Title: MGRM (X) Change ( ) Addition  
Name: MORGAN, DARA L  
Address: PO BOX 13  
City-St-Zip: CRAB ORCHARD, TN 37723

I hereby certify that the information supplied with this filing does not qualify for the 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: DARA L MORGAN

MGRM

01/07/2006

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