# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 21, 2008**
**Secretary of State**

DOCUMENT# L05000032006

**Entity Name:** HTD CENTER, LLC

**Current Principal Place of Business:**

1700 SOUTH OCEAN BLVD., CRISTILLE 4-B
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1700 SOUTH OCEAN BLVD., CRISTILLE 4-B
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number: 51-0538037** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

CHAPLIN, BONNIE A
1700 SOUTH OCEAN BLVD., CRISTILLE 4-B
POMPANO BEACH, FL 33062 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: CHAPLIN, BONNIE A
Address: 1700 SOUTH OCEAN BLVD., CRISTILLE 4-B
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM ( ) Delete
Name: CHAPLIN, CHARLES R
Address: 4621 SOUTH ATLANTIC AVENUE #7505
City-St-Zip: PONCE INLET, FL 32127

**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 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: BONNIE A. CHAPLIN MGRM 01/21/2008

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