

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90154 032 \*\*\*\*50.00

<b>DOCUMENT # L05000041047</b> 1. Entity Name <b>H W T PROPERTIES LLC</b>					
Principal Place of Business <b>12306 VERA AVENUE TAMPA, FL 33618 US</b>			Mailing Address <b>12306 VERA AVENUE TAMPA, FL 33618 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		02142007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>51-0548964</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>WADE, LINDA B 12306 VERA AVENUE TAMPA, FL 33618</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLIS, CHARLES P 2004 SHELBOURNE COURT WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	16707 Windsor Park Dr. Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLIS, AMY L 2004 SHELBOURNE COURT WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	16707 Windsor Park Dr. Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WADE, K L 12306 VERA AVENUE TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WADE, LINDA B 12306 VERA AVENUE TAMPA, FL 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, BOBBY K 1506 49TH STREET EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, VERA M 1506 49TH STREET EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>			3/2/07 (813) 786-4113		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		