

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041047

Entity Name: H W T PROPERTIES LLC

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

12306 VERA AVENUE  
TAMPA, FL 33618 US

## New Principal Place of Business:

## Current Mailing Address:

12306 VERA AVENUE  
TAMPA, FL 33618 US

## New Mailing Address:

FEI Number: 51-0548964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WADE, LINDA B  
12306 VERA AVENUE  
TAMPA, FL 33618 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: HOLLIS, CHARLES P  
Address: 16707 WINDSOR PARK DR  
City-St-Zip: LUTZ, FL 33549 US

Title: MGRM ( ) Delete  
Name: HOLLIS, AMY L  
Address: 16707 WINDSOR PARK DR  
City-St-Zip: LUTZ, FL 33549 US

Title: MGRM ( ) Delete  
Name: WADE, K L  
Address: 12306 VERA AVENUE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM ( ) Delete  
Name: WADE, LINDA B  
Address: 12306 VERA AVENUE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM ( ) Delete  
Name: THOMPSON, BOBBY K  
Address: 1506 49TH STREET EAST  
City-St-Zip: PALMETTO, FL 34221 US

Title: MGRM ( ) Delete  
Name: THOMPSON, VERA M  
Address: 1506 49TH STREET EAST  
City-St-Zip: PALMETTO, FL 34221 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LINDA B. WADE

MGRM

04/27/2009

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