2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000059857

1. Entity Name
HMT OFFICES, L.L.C.

Principal Place of Business	Mailing Address
8039 ISLAND DRIVE PORT RICHEY, FL 34668	8039 ISLAND DRIVE PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

03172008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4129206	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHESNUT, PHILIP H
8039 ISLAND DRIVE
PORT RICHEY, FL 34668

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000873939
04/10/08-80090-005 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	CHESNUT, PHILIP H		
STREET ADDRESS	8039 ISLAND DRIVE		
CITY-ST-ZIP	PORT RICHEY, FL 34668		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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.

SIGNATURE _____   3-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #