2007 MMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State **DOCUMENT # L05000096835** 05-02-2007 90340 013 ****50.00 1. Entity Name HHMTP, LLC Principal Place of Business Mailing Address 13270 AVILA BEACH COVE 13270 AVILA BEACH COVE DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 US 03012007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3515283 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIASULLI, PATRICIA DO NOT WRITE 13270 AVILA BEACH COVE DELRAY BEACH, FL 33446 IN THIS SPACE 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 little if applicable. (NOTE: Repistered Apent supplier reputed when repistation) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGR TITLE NAME CIASULLI, PATRICIA 13270 AVILA BEACH COVE STREET ADDRESS BOYNTON BEACH, FL 334746 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED