

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90349 033 \*\*\*\*50.00

<b>DOCUMENT # L06000047771</b> 1. Entity Name HOME TECHNOLOGY PARTNERS, LLC																															
Principal Place of Business 1600 FREDERICA ROAD, #10 SAINT SIMONS ISLAND, GA 31522		Mailing Address P.O. BOX 31046 SEA ISLAND, GA 31561																													
2. Principal Place of Business - No P.O. Box # 100 IDAC Lane Suite, Apt. #, etc. Suite 200		3. Mailing Address 100 IDAC Lane Suite, Apt. #, etc. Suite 200																													
City & State St. Simons Island, GA		City & State St. Simons Island GA																													
Zip 31522	Country USA	Zip 31522	Country USA																												
6. Name and Address of Current Registered Agent  BOSTIC, ROBERT S 757 S.E. 17TH STREET, #826 FT. LAUDERDALE, FL 33316-3960		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																													
4. FEI Number 20-4896816																															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																															
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 <u><i>Robert S Bostic</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)</small>																															
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>BOSTIC, ROBERT S</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>757 SE 17th St #826</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Ft. Lauderdale, FL 33316</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	BOSTIC, ROBERT S	<input type="checkbox"/>	STREET ADDRESS	757 SE 17th St #826		CITY - ST - ZIP	Ft. Lauderdale, FL 33316		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	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: <u><i>Robert S Bostic</i></u>		Date: <u>4-13-07</u> Daytime Phone #: <u>912-634-3301</u>																													

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