

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90332 001 ***277.50

DOCUMENT # L06000047771

1. Entity Name
HOME TECHNOLOGY PARTNERS, LLC



Principal Place of Business
100 IDAC LANE STE 200
SAINT SIMONS ISLAND, GA 31522

Mailing Address
100 IDAC LANE STE 200
SAINT SIMONS ISLAND, GA 31522

30002727



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02202008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-4896816

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSTIC, ROBERT S
757 S.E. 17TH STREET, #826
FT. LAUDERDALE, FL 33316-3960

Name Robert S. Bostic

Street Address (P.O. Box Number is Not Acceptable)

101 S. Ft. Lauderdale Beach Blvd

Ft. LD

City Ft. Lauderdale

FL

Zip Code 33316

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

3-21-08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BOSTIC, ROBERT S
STREET ADDRESS 757 SE 17TH ST #826
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE MGRM ☒ Change ☐ Addition
NAME BOSTIC, ROBERT S
STREET ADDRESS 101 S. Ft. Lauderdale Beach Blvd #608
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-21-08