2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 22, 2007 8:00 am
Secretary of State
03-09-2007 90134 043 ****50.00

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1. Entity Name
HTC HOLDINGS, LLC

Principal Place of Business	Mailing Address
5203 S.W. 91ST TERRACE, STE E GAINESVILLE, FL 32608	5203 S.W. 91ST TERRACE, STE E GAINESVILLE, FL 32608

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5725603 ☐ Applied For ☐ Not Applicable

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
ROBERTSON, CRAIG A 5203 S.W. 91ST TERRACE, STE E GAINESVILLE, FL 32608	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Managing Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Craig A. Robertson 5203 SW 91 Terrace, Suite E Gainesville, FL 32608 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Managing Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert P. Butts 5200 SW 91 Terrace, Suite 101 Gainesville, FL 32608 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Managing Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael D. Sechrest 5200 SW 91 Terrace, Suite 101 Gainesville, FL 32608 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Managing Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Marc Warner 5200 SW 91 Terrace, Suite 101 Gainesville, FL 32608 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete Managing Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gary Thomas 6003 NW 112 Place Alachua, FL 32615 ☐ Change ☒ Addition

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: _____ 3/7/07 (352) 371-6264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #