

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L95000000250

1. Entity Name
HTC VENTURES, L.C.



Principal Place of Business
1102 E TENNESSEE ST
TALLAHASSEE, FL 32308

Mailing Address
1102 E. TENNESSEE ST
TALLAHASSEE, FL 32308



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3304576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS J
1102 E TENNESSEE ST
TALLAHASSEE, FL 32308

**DO NOT WRITE
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BROWN, THOMAS J
STREET ADDRESS	1510 HIGHLAND DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	MGRM
NAME	BROWN, HUBERT R
STREET ADDRESS	1962 SETTING SUN TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/05/07-80005-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Hubert R Brown, as Co-Manager 1/3/07 850-224-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #