

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| FILING FEE \$ 188.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000159 HTA & ASSOCIATES, L.C. 5464 CLINT MASON ROAD CRESTVIEW FL 32539 |
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| 1a. Principal Place of Business Address 5464 CLINT MASON ROAD CRESTVIEW FL 32539 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address P.O. Box 1469 Suite, Apt. #, etc. City & State CRESTVIEW, FL. Zip Country 32536 OKALOOSA | 3. Date Organized or Qualified 02/07/1997 | 3a. State of Formation FL |
| | | 4. FEI Number 62-1675574 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Date of Last Report _____ | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

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| 7. Name and Address of Current Registered Agent ANDERSON, W G 5464 CLINT MASON ROAD CRESTVIEW FL 32539 | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | ANDERSON, HELEN T | 250 JONES ROAD | CRESTVIEW FL |
| MGRM | ANDERSON, W G | 5464 CLINT MASON RD. | CRESTVIEW FL |

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4/21/98

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Donald W. G. Anderson* 4-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #