
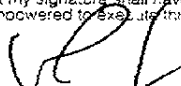


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000001263</b>		
1. Entity Name HTR, L.L.C.		
Principal Place of Business 12501 WORLD PLAZA LANE, SUITE 51 FORT MYERS, FL 33907-8108	Mailing Address 12501 WORLD PLAZA LANE, SUITE 51 FORT MYERS, FL 33907-8108	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  TEUFEL, THOMAS E MD 12501 WORLD PLAZA LANE, SUITE 51 FORT MYERS, FL 33907-8108		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		01122004 No Chg-LLC CR2E083 (10/03) 4. FEI Number 65-0854835 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARWIN, WILLIAM N 12501 WORLD PLAZA LANE, SUITE 51 FORT MYERS, FL 339078108	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEUFEL, THOMAS E 12501 WORLD PLAZA LANE, SUITE 51 FORT MYERS, FL 339078108	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REEVES, JAMES A 12501 WORLD PLAZA LANE, SUITE 51 FORT MYERS, FL 339078108	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OR AUTHORIZED REPRESENTATIVE		Date _____



01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0854835 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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