

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001263

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



02142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0854835

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEUFEL, THOMAS E MD
12501 WORLD PLAZA LANE, SUITE 51
FORT MYERS, FL 33907-8108

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000237245
02/21/05-80050-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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

Daytime Phone #