

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90230 030 ****50.00

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 65-0854835	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TEUFEL, THOMAS E MD 12501 WORLD PLAZA LANE, SUITE 51 FORT MYERS, FL 33907-8108			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARWIN, WILLIAM N		NAME		
STREET ADDRESS	12501 WORLD PLAZA LANE, SUITE 51		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 339078108		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEUFEL, THOMAS E		NAME		
STREET ADDRESS	12501 WORLD PLAZA LANE, SUITE 51		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 339078108		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES, JAMES A		NAME		
STREET ADDRESS	12501 WORLD PLAZA LANE, SUITE 51		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 339078108		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> WILLIAM HARWIN, MGR, MGRM			Date: 1-30-06 239-274-8200 Ext. 107 <small>Daytime Phone #</small>		