

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90431 040 ****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 - No P.O. Box # 814 DEL PRADO BLVD.		3. Mailing Address 4371 VERONICA S. SHOEMAKER BLVD.		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192007 Chg-LLC CR2E083 (12/06)	
City & State CAPE CORAL FL		City & State FORT MYERS FL		4. FEI Number 65-0854835	
Zip 33990		Country		Applied For Not Applicable	
Zip 33916		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4371 VERONICA S. SHOEMAKER BLVD City FORT MYERS FL Zip Code 33916	
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) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME HARWIN, WILLIAM N STREET ADDRESS 12501 WORLD PLAZA LANE, SUITE 51 CITY-ST-ZIP FORT MYERS, FL 339078108	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4371 VERONICA S SHOEMAKER BLVD STREET ADDRESS FORT MYERS, FL 33916 CITY-ST-ZIP		
TITLE MGRM NAME TEUFEL, THOMAS E STREET ADDRESS 12501 WORLD PLAZA LANE, SUITE 51 CITY-ST-ZIP FORT MYERS, FL 339078108	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4371 VERONICA S. SHOEMAKER BLVD STREET ADDRESS FORT MYERS, FL 33916 CITY-ST-ZIP		
TITLE MGRM NAME REEVES, JAMES A STREET ADDRESS 12501 WORLD PLAZA LANE, SUITE 51 CITY-ST-ZIP FORT MYERS, FL 339078108	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4371 VERONICA S. SHOEMAKER BLVD STREET ADDRESS FORT MYERS, FL 33916 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, MANAGING MEMBER			Date 3-19-07 239-274-8200 Daytime Phone # Ext. 107		