2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam HCTCO, I				etary of State	
	e of Business _ Mailing Address	· · · · · · · · · · · · · · · · · · ·	·		
1172 SEAGU WEST PALM I	LL PARK RD. 1172 SEAGULL PARK RD. BEACH, FL 33411 WEST PALM BEACH, FL 334	11			
					
			04212005No Chg-LLC		
DO NOT WRITE IN THIS SPA		CE	4. FEI Number	Applied For	
			91-2031250 5. Certificate of Status Desired	Not Applicable \$5.00 Additional	
		<u> </u>	5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current Registered Agent	7			
TUTTLE, J	ASON	Ì	DO NOT WRITE		
K-1	-	.	IN THIS SPACE		
ROYAL PALM BEACH, FL 33411			IN THIS SEA		
the obligat	named entity submits this statement for the purpose of changing its registions of registered agent.	tered office or registe	red agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and fille if applicable (NOTE, Regis	tered Agent signature require	d when reinstaling)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005				
9,	MANAGING MEMBERS/MANAGERS		Line and a fair	prod mysus	
TITLE	MGR _ : TUTTLE, J _ :		U000032 04/25/05-80	3173 104-014 50.00	
NAME STREET ADDRESS	390 BUSINESS PARK WAY, K-1		044 504 00.00	المحترية والمراكبة والأوالة المحتروق	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	1			
TITLE	Р				
NAME	TUTTLE, H				
STREET ADDRESS CITY-ST-ZIP	390 BUSINESS PARK WAY, K-1 ROYAL PALM BEACH, FL 33411	1			
TITLE	The state of the s	-1			
NAME					
STREET ADDRESS		Ī	DO NOT WR	ITE	
CITY-ST-ZIP		1		1 1 hou	

IN THIS SPACE

11.	thereby 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 it 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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE