


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 049 ****50.00

DOCUMENT # MD000001142 1. Entity Name HTA MANAGEMENT, LLC <i>MD1000003142</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3225 Aviation Avenue		3. Mailing Address 3225 Aviation Avenue	
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc. Suite 700	
City & State Coconut Grove, FL		City & State Coconut Grove, FL	
Zip 33133	Country USA	Zip 33133	Country USA
4. FEI Number 26-0047699		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stewart Marcus	
Street Address (P.O. Box Number is Not Acceptable)	
3225 Aviation Avenue, Suite 700	
City Cocount Grove, FL	FL Zip Code 33133

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.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stewart Marcus 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wally Scruggs 6851 Oak Hall Lane Columbia, MD 21045	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: *W. Peter Temling* **W. Peter Temling** **4/30/03** **(305) 860-8188**

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

Date

Daytime Phone #