

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90037 020 ****50.00

DOCUMENT # M04000001142 1. Entity Name HTJ LIMITED LIABILITY COMPANY	
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Principal Place of Business 9130 S. DADELAND BLVD., STE. 1218 MIAMI, FL 33156	Mailing Address 9130 S. DADELAND BLVD., STE. 1218 MIAMI, FL 33156
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60035931



2. Principal Place of Business - No P.O. Box # 7300 N. Kendall Drive Suite, Apt. #, etc. 380	3. Mailing Address 7300 N. Kendall Drive Suite, Apt. #, etc. 380
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04102007 Chg-LLC CR2E083 (12/06)

City & State Miami, Florida	City & State Miami, Florida
Zip 33156	Zip 33156

4. FEI Number 65-0623687	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GLICK, JOSEPH 9130 S. DADELAND BLVD., STE. 1218 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 7300 N. Kendall Drive, Ste 380 City Miami
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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 4-10-07

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLEN-GLICK, SHARON 9130 S. DADELAND BLVD., STE. 1218 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 7300 N. Kendall Drive, Ste 380 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLICK, JOSEPH 9130 S. DADELAND BLVD., STE. 1218 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 7300 N. Kendall Drive, Ste 380 Miami, Florida 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Joseph Glick DATE: 4-10-07 DAYTIME PHONE #: 305-668-8311

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