## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L03000024905** 

1. Entity Name H TEX, LLC



Principal Place of Business

4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418 Maiting Address

4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418 FILED Apr 27, 2007 08:00 AM Secretary of State



02082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0840086

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DIVOSTA, OTTO B 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418

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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 Fiorida. I am familiar with, and accept	
	the obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee Is \$50.00 Due by May 1, 2007

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MANAGING MEMBERS/MANAGERS 9. MGR TITLE DIVOSTA, OTTO B NAME 4500 PGA BOULEVARD, SUITE 207 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 MGRM TITLE HARMONY OF HOBE SOUND, INC. NAME STREET ADDRESS 4500 PGA BLVD., STE. 207 PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 acceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

Otto B. DiVosta

3/28/07

561/691-9050