


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001615</b> 1. Entity Name HOUSTON UPTOWN PROPERTIES, LTD.	
---	---

Principal Place of Business 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418	Mailing Address 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418
--	--

**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1159514	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L03000024905
NAME	H TEX, LLC.
STREET ADDRESS	4500 PGA BLVD., STE. 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000937400  
05/27/08-80049-010 500.00

**DO NOT WRITE IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**      
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE