


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90048 007 ****50.00

DOCUMENT # L03000024905

1. Entity Name
H TEX, LLC



20051094

Principal Place of Business
**4500 PGA BOULEVARD, SUITE 207
 PALM BEACH GARDENS, FL 33418**

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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03172005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
55-0840086

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** Delete
 NAME **DIVOSTA, OTTO B**
 STREET ADDRESS **4500 PGA BOULEVARD, SUITE 207**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

Change Addition

TITLE **MGRM** Delete
 NAME **HARMONY OF HOBE SOUND, INC.**
 STREET ADDRESS **4500 PGA BLVD., STE. 207**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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: *Phillip Bandt* *Phillip Bandt* *3/21/05* *561-691-9050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #