


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L03000024905**

1. Entity Name  
**H TEX, LLC**



Principal Place of Business <b>4500 PGA BOULEVARD, SUITE 207          PALM BEACH GARDENS, FL 33418</b>	Mailing Address <b>4500 PGA BOULEVARD, SUITE 207          PALM BEACH GARDENS, FL 33418</b>
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**DO NOT WRITE IN THIS SPACE**



02222008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>55-0840086</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B  
 4500 PGA BOULEVARD, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DIVOSTA, OTTO B 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARMONY OF HOBE SOUND, INC. 4500 PGA BLVD., STE. 207 PALM BEACH GARDENS, FL 33418</b>
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U00000936597  
 05/27/08-80017-006 138.75

**DO NOT WRITE IN THIS SPACE**

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:** Phillip Brandt      3/4/08      561-691-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #