2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
04 MAY -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L03000049241

1. Entity Name
H & T HOLDINGS ONE, LLC

Principal Place of Business	Mailing Address
11924 W. FOREST HILL BLVD., SUITE 22-325 WELLINGTON FL 33414-6258	11924 W. FOREST HILL BLVD., SUITE 22-325 WELLINGTON FL 33414-6258

MOORE CR2E083 (11/03) 514

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAUTENBACH, THOMAS
11924 W FOREST HILL BLVD., STE 22-325
WELLINGTON FL 33414-6258

7. Name and Address of New Registered Agent

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 [signature] 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	RAUTENBACH, THOMAS	
STREET ADDRESS	11924 W. FOREST HILL BLVD., SUITE 22-325	
CITY-ST-ZIP	WELLINGTON FL 33414-6258	
TITLE	MGRM	☐ Delete
NAME	RAUTENBACH, HELEN V	
STREET ADDRESS	11924 W. FOREST HILL BLVD., SUITE 22-325	
CITY-ST-ZIP	WELLINGTON FL 33414-6258	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

000000154161
05/04/04-80156-006 50.00

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 4-28-04 561/791346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #