

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 20, 2005 8:00 am  
Secretary of State**

04-20-2005 90040 030 \*\*\*150.00

40062771



01152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000049241		
1. Entity Name H & T HOLDINGS ONE, LLC		

Principal Place of Business 11924 W. FOREST HILL BLVD., SUITE 22-325 WELLINGTON, FL 33414-6258	Mailing Address 11924 W. FOREST HILL BLVD., SUITE 22-325 WELLINGTON, FL 33414-6258
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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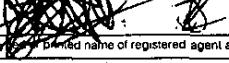
Zip	Country	Zip	Country
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4. FEI Number <b>20-0497669</b>	Applied For
APPLIED FOR	
Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAUTENBACH, THOMAS 11924 W. FOREST HILL BLVD., STE. 22-325 WELLINGTON, FL 33414-6258	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, printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUTENBACH, THOMAS	NAME	
STREET ADDRESS	11924 W. FOREST HILL BLVD., SUITE 22-325	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 334146258	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUTENBACH, HELEN V	NAME	
STREET ADDRESS	11924 W. FOREST HILL BLVD., SUITE 22-325	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 334146258	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1-20-05 561/791-3424