


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY 18 PM 2:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L05000026517

1. Entity Name
 H T BESOMAX, LLC



Principal Place of Business 173 SOUTH SHORE DR MIAMI, FL 33133	Mailing Address 173 SOUTH SHORE DR MIAMI, FL 33133
--	--

DO NOT WRITE IN THIS SPACE



05092007 No Chg-LLC CR2E083 (11/05) 07

4. FEI Number 20-2530487	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

MENDEZ, LEONARDO P ESQ.
 1550 MADRUGA AVENUE
 SUITE 150
 CORAL GABLES, FL 33146

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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

800103511308
 05/30/07--01004--007 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACHADO, TERESITA B 173 SOUTH SHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Teresita B. Machado* TERESITA B. MACHADO 3055299901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #