

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90087 017 ****55.00

DOCUMENT # M02000002943

1. Entity Name
HORT MANAGEMENT LLC



Principal Place of Business
**3638 EXECUTIVE BLVD.
MESQUITE, TX 75149**

Mailing Address
**3638 EXECUTIVE BLVD.
MESQUITE, TX 75149**

24079566



07162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KING, LARRY C
919 ALEXANDER AVENUE, SUITE 7
PORT ORANGE, FL 32119**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KING, LARRY C
STREET ADDRESS	3638 EXECUTIVE BLVD.
CITY-ST-ZIP	MESQUITE, TX 75149

TITLE	MGR
NAME	JENKINS, J. MARK
STREET ADDRESS	3638 EXECUTIVE BLVD.
CITY-ST-ZIP	MESQUITE, TX 75149

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #