## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # L0000005546  1. Entity Name HARPER HOMES, L.L.C.						04-14-2005 90028 001 ****50.00			0.00	
Principal Place of Business Mailing Address				·		4	UUJA	UUU		
1420 S. FLORIDA AVENUE ŁAKELAND, FL 33803		1420 S. FLORIDA AVENUE Lakeland, Fl. 33803			1 10 611 611	ACH CON CEN CON CON	<b>                                    </b>	R BATTE BIBLIE BELE		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		<u> </u>	4. FEI Number 59-364				plied For t Applicable	
Zip	Country	Zip 	Coun	try		of Status Desired	F	5.00 Add se Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	egistered Ag	jent		
HARPER, ROBERT F III 1420 S. FLORIDA AVENUE LAKELAND, FL 33803					s (P.O. Box Numbe	P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code		
	named entity submits this statement for tions of registered agent.		register	ed office or regist	tered agent, or bot	th, in the State of Flor		miliar with,	and accept	
SIGNATURE				·			-1 *	<u>.</u>		
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	E: Registere	d Agent signature requi	red when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005				•	ĺ	Make check payable to Florida Department of State		· · · · · · · · · · · · · · · · · · ·		
	ue by May 1, 2005		<i>i</i>	i.			Departme		. *	
9.	we by May 1, 2005  MANAGING MEMB		10.				<b>Departme</b> CHANGES	nt of State		
9.	MANAGING MEMB	ERS/MANAGERS	mu			Florida	<b>Departme</b> CHANGES	nt of State	Addition	
9.	we by May 1, 2005  MANAGING MEMB		TITU NAM			Florida	<b>Departme</b> CHANGES	nt of State		
9. TITLE NAME	MANAGING MEMB MGR HARPER, PAUL SEAN		nam Stre	E		Florida	<b>Departme</b> CHANGES	nt of State		
9. IITLE NAME STREET ADDRESS	MANAGING MEMB MGR HARPER, PAUL SEAN 5299 STONE OAKS DR		STRE CITY TITLL NAM STRE	E Et adoress -St-Zip		Florida	CHANGES	nt of State		
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGR HARPER, PAUL SEAN 5299 STONE OAKS DR	☐ Delete	TITLL NAME STREE CITY NAME STREE CITY TITLL NAME STREE CITY STREE CITY STREET S	E E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP -ST-		Florida	CHANGES	Change	Addition	
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9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGR HARPER, PAUL SEAN 5299 STONE OAKS DR	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE	E E ET ADORESS -ST-ZIP  E E ET ADORESS		Florida	CHANGES	Change Change	Addition Addition	
9.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE	MANAGING MEMB MGR HARPER, PAUL SEAN 5299 STONE OAKS DR	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLL NAMM STRE CITY	E E ET ADORESS -ST-ZIP  E E ET ADORESS		Florida	CHANGES	Change Change	Addition Addition Addition	
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS	MANAGING MEMB MGR HARPER, PAUL SEAN 5299 STONE OAKS DR	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLL NAMM STRE CITY	E E ET ADORESS -ST-ZIP		Florida	CHANGES	Change  Change  Change	Addition Addition Addition	
9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE C.	MANAGING MEMB MGR HARPER, PAUL SEAN 5299 STONE OAKS DR LAKELAND, FL 33811	Delete  Delete  Delete	TITLL NAMM STREE CITY	E E ET ADORESS -ST-ZIP		Florida ADDITIONS/	CHANGES	Change  Change  Change	Addition Addition Addition Addition	

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 OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #