## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L05000098491

1. Entity Name

THE HARALSON GROUP, LLC



**FILED** Feb 19, 2008 08:00 Al Secretary of State

Principal Place of Business

1 HOPKINS CIR. ORLANDO, FL 32804 Mailing Address

1 HOPKINS CIR. ORLANDO, FL 32804



DO NOT WRITE IN THIS SPACE

02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3588814

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR, ESQ 1000 LEGION PLACE SUITE 1700 ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the pathe obligations of registered agent.  SIGNATURE	ourpose of changing its registered office or r	egistered agent, or both, in the State of Florida. I am familiar with, and accep
Signature, typed or printed name of registered agent and title	d applicable (NOTE, Registered Agent signature	required when reinstating) DATE
HA FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000831506 Jahran - 02/27/08-80021-017 138.
9. #7 A The A MANAGING MEMBERS/M	IANAGERS	
TITLE MGR  NAME HARALSON, JERRY L  SIREEI ADDRESS 1 HOPKINS CIR  CITY-ST-ZIP ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME		

11? Thereby 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 flability company 3, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

14/08

407-864-8060

Daylime Phone #