2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004273

Entity Name: HARCOURT PROPERTIES LIMITED, INC.

FILED Apr 14, 2009 Secretary of State

Juli Elit F	illicipai Flaci	e of Business:	New Fillicipal Fi	ace of Business:
3900 PEMBROKE ROAD HOLLYWOOD, FL 33021		3900 PEMBROKE HOLLYWOOD, FI		
Current M	Mailing Addre	ss:	New Mailing Add	lress:
3900 PEMBROKE ROAD HOLLYWOOD, FL 33021		3900 PEMBROKE HOLLYWOOD, FI		
El Number	: 98-0600940	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Addre	ss of New Registered Agent:
515 EAST	RECT AGENTS PARK AVENU SSEE, FL 323	ĴΕ		
Γhe above	e named entity	submits this statement for the	e purpose of changing its regis	tered office or registered agent, or both,
Γhe above n the Stat	e named entity e of Florida.	submits this statement for the	e purpose of changing its regis	tered office or registered agent, or both,
The above n the Stat	e named entity e of Florida. RE:	submits this statement for the		tered office or registered agent, or both, Date
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro			
The above n the Stat BIGNATU Election Ca	e named entity e of Florida. RE: Electro	nic Signature of Registered A	gent	
The above in the State SIGNATU Election Car DFFICER Title: Jame: Jame: Jame:	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC D (H.T.M. SERVIC PALM GROVE	nic Signature of Registered A og Trust Fund Contribution (). CTORS:) Delete	gent	Date
The above n the Stat BIGNATU Election Ca	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC D (H.T.M. SERVIC PALM GROVE TORTOLA, BR PS (H.T.M. SERVIC PALM GROVE	nic Signature of Registered A ig Trust Fund Contribution (). CTORS:) Delete CES LTD HOUSE ROAD TOWN ITISH VIRGIN ISLA,) Delete	gent ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEIBMAN S 04/14/2009