## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L00000000947**

1. Entity Name HARNETT CROSSING PARTNERS, LLC



**FILED** Jan 27, 2006 08:00 AN Secretary of State

> Applied For Not Applicable

Principal Place of Business 7249 AYRSHIRE LANE BOCA RATON, FL 33496 Mailing Address 7249 AYRSHIRE LANE BOCA RATON, FL 33496



DO NOT WRITE IN THIS SPACE	01092006No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0975607	Ap No

		5. Certificate of S	Status Desired		
	6. Name and Address of Current Registered Agent				
GOLIEB, ARNOLD 17591 FOXBOROUGH LANE BOCA RATON, FL 33496			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of changin tions of registered agent.	g its registered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required which remaining)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2006				
ŷ.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM HABER, GEORGE 7249 AYRSHIRE LANE BOCA RATON, FL 33496		U00000404392 02/06/06-80045-009 50.)		
STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		<del></del>	OT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby	certify that the information supplied with this filing does not qua	alify for the exemptions contained in Chapter 119, F	Torida 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 it made under oath; that I a limited liability company or the receiver or trusted 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