


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90085 014 ****50.00


DOCUMENT # L00000001112	
1. Entity Name HARLEY FOREST PRODUCTS, L.L.C.	

Principal Place of Business 5154 NE WASHINGTON ST, LAKE CITY FL 32055 US	Mailing Address PO BOX 1749 LAKE CITY FL 32056-1749
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2. Principal Place of Business 3154 NE Washington St	3. Mailing Address PO BOX 1749
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

20000000



1st MOORE CR2E083 (10/04)

4. FEI Number 59-3622435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARLEY, ALLEN J 175 SW MASSY COURT LAKE CITY FL 32024	Name 175 SW MASSY COURT
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HARLEY, ALLEN J PO BOX 1749 LAKE CITY FL 32056-1749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **1/25/05 386/752-3326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #