2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# L00000008995

Entity Name: HARBSMEIER, DEZAYAS & APPEL INVESTMENTS, LLC

Current Principal Place of Business:

5116 SOUTH LAKELAND DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6455
LAKELAND, FL 338076455

New Mailing Address:

FEI Number: 59-3658981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARBSMEIER, CURT L
5116 SOUTH LAKELAND DRIVE
LAKELAND, FL 33813

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	HARBSMEIER, CURT L	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	DEZAYAS, BRUNO F	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	APPEL, JEFFREY E	
Address:	5116 SOUTH LAKELAND DRIVE	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CURT L. HARBSMEIER MGRM 04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date